

WILDLIFE CONSERVATION COMMISSION

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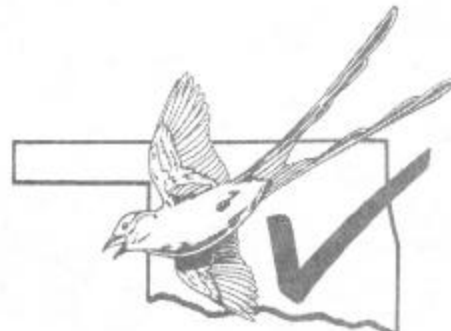
MEMO

To: Rehabilitator Applicant
From: Law Enforcement Division
Subject: Annual ODWC Rehabilitator Permit

You will need to have the facility constructed for the type of animals you want to rehabilitate and then call the warden of your county to inspect your facility and sign your application. If you don't know how to contact your warden, call the law enforcement division and we will page him to call you. When he calls, you can arrange a time when he can meet you at your place. The law enforcement number to call for assistance in getting your warden is 405-521-3719.

It is your responsibility to become educated in the care of animals you want to rehabilitate and to finance the care of animals. If you want to rehabilitate any birds other than sparrows, starlings and common pigeons, you will also need to have a federal rehabilitator migratory bird and raptor license or a special purpose rehabilitation license. You apply for that license with the US FISH & WILDLIFE SERVICES, Kamile McKeever, Permit Administrator for Migratory Birds, Migratory Bird Office, PO BOX 709, Albuquerque, NM 87109-0709, Phone 505-248-7882.

Read the enclosed application carefully and complete before calling the warden for his inspection. Renewals of this application will be mailed to you and do not require the warden's inspection or signature. If you have moved from the original inspected facility site, you need the warden to inspect your new location. If you have any questions, call the law enforcement division.



Search for the Scissortail
on Your State Tax Form

NEW _____ APPLICATION FOR WILDLIFE REHABILITATION LICENSE
RENEWAL _____

RETURN TO:
OKLAHOMA DEPARTMENT OF WILDLIFE CONSERVATION
P. O. BOX 53465, OKLAHOMA CITY, OK 73152-3465

OFFICE USE ONLY: PERMIT NUMBER: _____ DATE ISSUED: _____
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UNDER THE TERMS OF TITLE 29 OF THE OKLAHOMA STATUTES,
SECTION 4-121 THROUGH 4-124, I AM ENCLOSING A \$10.00 CASHIER'S CHECK OR MONEY ORDER FOR A WILDLIFE
REHABILITATION LICENSE.

(Please print)

NAME _____ DATE OF BIRTH _____

DOING BUSINESS AS _____

MAILING ADDRESS _____ CITY _____

STATE _____ ZIP _____ COUNTY _____ PHONE NUMBER (____) _____

DRIVER'S LICENSE NUMBER _____ STATE _____ LICENSE EXPIRES _____

HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

SPECIES OF WILDLIFE TO BE REHABILITATED (BIRDS, MAMMALS, REPTILES, ETC.) _____

PHYSICAL LOCATION OR LEGAL DESCRIPTION OF PROPERTY TO HOUSE ANIMALS _____

DESCRIBE FACILITIES IN DETAIL _____

Federal Special Purpose Rehabilitation Permit number for rehabilitating migratory birds, raptors or threatened species:

Permit No: _____

Expiration Date: _____

In operating under this Permit, I agree to comply with the laws of the State of Oklahoma, and the rules and regulations of the Oklahoma Department of Wildlife Conservation and the Oklahoma Wildlife Conservation Commission (collectively "ODWC"). I do not have on hand now, and will not have on hand at any time, wildlife, except those secured according to the Oklahoma Wildlife Conservation Code of the State of Oklahoma, and the rules and regulations of the ODWC.

I understand and agree that acceptance of any wildlife for care and/or rehabilitation from the ODWC is strictly voluntary and I further agree that any such wildlife is accepted without any expectation, right, or claim of payment from the ODWC for the care and/or custody of the wildlife, even though the ODWC may retain the authority to dispose of said wildlife at any time.

I will keep permanent records which may be disposed after five years of all wildlife raised. Said records shall also include an accounting by species and number of animals, and final disposition (released, etc.) of all wildlife raised. Such records shall be available for inspection at all reasonable times by an authorized representative of the ODWC.

I do understand that by obtaining this license my name and telephone number may be placed on a list of similar licensees, I am aware that this list may be distributed as public information for referral purposes.

SIGNATURE OF APPLICANT _____ **DATE** _____

On _____, I inspected the above listed facilities and wildlife and recommend _____ APPROVAL _____ DISAPPROVAL of this application.

SIGNATURE OF GAME WARDEN _____ **DATE** _____

REHABILITATOR'S LICENSE INFORMATION SHEET

- A. No person may rehabilitate wildlife without having first procured a license for such purposes from the Director of the Oklahoma Department of Wildlife Conservation. This license is valid from July 1st through June 30th. All renewals must be mailed to arrive no later than July 31st.
- B. Such licenses may be issued to any person whom the Director believes to be acting in good faith and whom he believes does not intend to use such license for the purpose of violating any of the wildlife laws of the State of Oklahoma and who provides that the wildlife they take in be obtained in a lawful manner.
- C. Individuals possessing the Rehabilitator's license are authorized to care for and rehabilitate sick or injured wildlife only, and must have a Federal Special Purpose Rehabilitation Permit in order to care for and rehabilitate migratory birds and endangered or threatened species of wildlife.
- D. Rehabilitator's are required to abide by all provisions of Section 5-601 of Title 29, except for those parts referring to the sale of wildlife (Commercial Wildlife Breeders), which is not authorized under this license. ***Those individuals possessing a Rehabilitator's license cannot possess a Commercial Breeder's license, but may possess a Non-Commercial Breeder's license under certain circumstances.***

NOTE: the principal Section of 5-601 provides that rehabilitators may retain their wildlife for a period of up to 120 days after their license expires.
- E. The fee for a license under this section and all renewals of such license shall be \$10.00. The \$10.00 check or money order should be made out to Okla.. Dept. Of Wildlife Conservation. ***DO NOT SEND CASH!***
- F. Any person convicted of violating the provisions of this code shall be punished by a fine of not less than Fifty Dollars (\$50.00) nor more than Five Hundred Dollars (\$500.00), and if applicable, shall have their Rehabilitator's license revoked. No such person whose license has been revoked shall be eligible to obtain a new license until after the date on which the revoked license would have expired.
- G. The inspection recommendation and signature of your county game warden is required on the front of this form before mailing with the license fee for processing.

REMEMBER, THIS IS NOT A LICENSE TO KEEP WILDLIFE AS A PET. YOU MAY KEEP WILDLIFE IN YOUR POSSESSION ONLY UNTIL SUCH TIME AS IT MAY BE RETURNED TO THE WILD.

If you have question, you may call the Law Enforcement Division at (405) 521-3719.

CAPTIVE WILDLIFE INSPECTION FORM

(THIS COMPLETED FORM MUST BE INCLUDED WITH A NEW COMMERCIAL OR NON-COMMERCIAL BREEDER'S APPLICATION, COMMERCIAL HUNT AREA APPLICATION, OR IF BEING USED FOR AN ADDITIONAL LOCATION, REHABILITATOR APPLICATION and some renewals .)

DATE OF INSPECTION: _____ TIME: _____

TYPE OF LICENSE: _____ COUNTY: _____

NAME: _____ DOB: _____ SS# _____

BUSINESS NAME: _____

ADDRESS: _____ CITY: _____ STATE _____ ZIP _____

BUSINESS PHONE: (____) _____ HOME PHONE: (____) _____

PHYSICAL LOCATION: _____

REASON FOR INSPECTION

	YES	NO		YES	NO
INITIAL			*COMPLAINT		
ROUTINE			*ESCAPES		
FOLLOW-UP			*INJURIES		

DETAILS: _____

CHECK LIST

- | | YES | NO | N/A |
|--|-----|----|-----|
| 1. Are records up to date? | | | |
| 2. Were last years reports sent in? | | | |
| 3. Do enclosures meet/exceed caging requirements? | | | |
| 4. Are the doors key locked on required cages? | | | |
| 5. Is perimeter/barrier fence provided for cats and bears? | | | |
| 6. Fencing for deer/elk: | | | |
| A. Are any water gap areas to be found? | | | |
| B. Has the fence been broken and repaired? | | | |
| c. Have any wild deer/elk been able to gain access to the area or is there evidence of such a possibility? | | | |
| 7. Do enclosures and cages appear to be clean? | | | |
| 8. Are animals provided adequate protection from the weather? | | | |
| 9. Do the animals appear to be healthy? | | | |

WERE DISCREPANCIES EXPLAINED TO RECIPIENT ?
AND APPROPRIATE COPIES OF REGULATIONS GIVEN OR
POSSESSED?

COMMENTS:

GAME WARDEN SIGNATURE

IBM #

DATE