



# WILDLIFE REHABILITATION LICENSE APPLICATION



Please return completed application and required forms to:  
CDOW, Special Licensing Unit, 6060 Broadway, Denver, CO 80216-1000  
303-291-7143 (phone) 303-346-4541 (fax)

**FEE EXEMPT**

PLEASE PRINT INFORMATION IN THE WHITE CELLS. Please check the boxes  next to the information you wish to have listed in a public directory, otherwise this information will only be listed with the CDOW and will not be distributed to the public.

<input type="checkbox"/> Name of Applicant:			
As required by the Colorado Child Support Enforcement Act, established through enactment of HB97-1205 and implemented through §26-13-126 C.R.S., an applicant's social security number (SSN) is now required for the purchase or application for all CDOW licenses. The SSN will not be displayed on any license. It will be provided when requested to the Colorado Department of Human Services – Child Support Enforcement as required by statute and will be used to enforce provisions of this law.			
SSN of Applicant:			
<input type="checkbox"/> Organization Name (if applicable):			
<input type="checkbox"/> Mailing Address:			
<input type="checkbox"/> City/State/Zip:			
<input type="checkbox"/> Home Phone:		<input type="checkbox"/> Work Phone and Extension:	
<input type="checkbox"/> Email Address:			
<input type="checkbox"/> Physical Location of Animal Care Facilities:			
<input type="checkbox"/> Veterinarian's Name:			
<input type="checkbox"/> Veterinarian's Address & Phone:			

Please indicate type of application by checking the appropriate box →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required supplemental Forms and Attachments:	Provisional Wildlife Rehabilitator	Upgrade to Full Wildlife Rehabilitator	Annual License Renewal
<b>Form A</b> - Documentation of Compliance with General Provisions of #1401	√	Updates only	√
<b>Form B</b> - Initial application for Provisional Wildlife Rehabilitator License	√		
<b>Form C</b> - Application for Wildlife Rehabilitator License (including upgrade)		√	
<b>Form D</b> - Annual Report Forms (for Provisional and Wildlife Rehabilitators)			√

*"I certify the above statements and attachments are true. (The making of false statements in connection with obtaining a license is punishable as a misdemeanor.) I hereby authorize the Colorado Division of Wildlife to make further inquiries to verify these statements."*

**Signature (written):** \_\_\_\_\_ **Date:** \_\_\_\_\_

If a license application is denied by the Colorado Division of Wildlife, either in person or by mail, the applicant may request a hearing within 60 days of receiving notice of denial as per §24-4-105 C.R.S. Any action is subject to judicial review as per §24-4-106 C.R.S.

**DOCUMENTATION OF COMPLIANCE WITH  
GENERAL PROVISIONS OF CHAPTER 14 - #1401**

Who needs to complete and submit this form?

- I. All applicants for a Provisional Wildlife Rehabilitator License.
- II. All Wildlife Rehabilitator License holders that have changes to any of the provisions listed below.

The certifications, declarations and additional information listed on this form are required by all applicants for a Provisional Wildlife Rehabilitation License. Additionally, all current License holders must maintain full compliance, and report any changes.

<b>PART 1. Certifications and Declarations.</b>	Please initial each box to indicate compliance
1.) Pursuant to Chapter 14 #1401 A. 2. (a) (1), I certify that I am at least 18 years of age. I have attached to this application a photocopy of my current Colorado driver's license or Colorado state issued I.D. card.	
2.) Pursuant to Chapter 14 #1401 A. 2. (a) (2), I declare that I (check either "Do" or "Do Not" below): <input type="checkbox"/> <b>Do not</b> have any prior animal welfare violations, or suspension or revocation of any wildlife rehabilitation license issued by any state or by the U.S. Fish and Wildlife Service, or <input type="checkbox"/> <b>Do</b> have one or more prior animal welfare violations, or suspensions or revocations of one or more wildlife rehabilitation licenses issued by a state or by the U.S. Fish and Wildlife Service, as further described in a written statement attached to this application, as to type, place and date of such violation.	
3.) Pursuant to Chapter 14 #1401 A. 2. (a) (9), I certify that the proposed possession and treatment of wildlife is not in violation of any city or county ordinance. If applicable, I have attached photocopies of any required local permits.	
4.) Pursuant to Chapter 14 #1401 A. 2. (a) (10), I certify that the proposed wildlife rehabilitation activities will be in compliance with Colorado Department of Health and Environment statutes §25-4-602 through 606, and Colorado Department of Health and Environment Regulation 6CCR-1009-1 (Regulation 8).	
5.) Pursuant to Chapter 14 #1401 A. 2. (a) (12), I certify that I have read and understand the "Zoonoses Information and Prevention" packet provided by the Division containing general zoonoses information and procedures to minimize potential exposure to such diseases.	
6.) Pursuant to Chapter 14 #1401 A. 2. (a) (13), I certify that I have read and understand the information provided by the Division about Chronic Wasting Disease (CWD).	

<b>PART 2. Additional documentation required.</b>	Please initial box to indicate required attachment
1.) Pursuant to Chapter 14#1401 A. 2. (a) (5), I have arranged for a licensed veterinarian to examine and treat injured wildlife. I have explained that the Division is not responsible for reimbursing the veterinarian for services rendered. The veterinarian has attested to this arrangement in Part 3 below.	
2.) Pursuant to Chapter 14 #1401 A. 2. (a) (8), if I intend to rehabilitate Federally regulated species, I have attached a photocopy of my USFWS Special Purpose Rehabilitation Permit, if already issued, or a photocopy of the pending application. I understand that the rehabilitation of any Federally regulated species cannot be authorized by the Division until a photocopy of the permit has been provided.	

***"I certify the above statements and attachments are true. (The making of false statements in connection with obtaining a license is punishable as a misdemeanor.) I hereby authorize the Colorado Division of Wildlife to make further inquiries to verify these statements."***

**Signature (written):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Name (printed):** \_\_\_\_\_

### PART 3. Consulting Veterinarian Agreement.

**Notice:** Applicants for a Colorado wildlife rehabilitation license are required to enter into an agreement with a consulting veterinarian to meet the requirements for issuance and maintenance of the license. The full set of license requirements are contained in Chapter 14 of the Colorado Division of Wildlife Regulations. The veterinarian and the applicant should sign, date and keep copies of this form.

Parties to the Agreement			
Name of Applicant:			
Consulting Veterinarian Name:		CO DVM Lic #:	
Clinic Name:			
Clinic Address (street, city, zip):			
Telephone Number:			
Veterinary Services Information			
Please describe the types of services you are willing to provide on a case-by-case basis for the Applicant (e.g., physical exam, initial stabilization, dispensing medication, surgery, radiology, euthanasia, training, etc.):			
What, if any, species will you not handle or assist with?			
Facilities			
Does your clinic have the facilities to treat wildlife with reasonable isolation from normal clinic activities? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please briefly describe the facilities available for holding wildlife while in your clinic:			
Consulting Veterinarian Agreement			
I agree to act as a Consulting Veterinarian to examine and treat injured wildlife in assisting the license applicant's rehabilitation activities. I further agree to adhere to the provisions of Chapter 14 of the Colorado Division of Wildlife Regulations, including, but not limited to those described in #1405 A through I, and summarized below:			
<ol style="list-style-type: none"> <li>1.) A DVM must approve all medications, medical treatments, diagnostic and prognostic procedures. Anesthesia and surgery will be conducted only by a DVM or under direct DVM supervision.</li> <li>2.) If the rehabilitator or DVM determines that any wildlife is not likely to survive, it must be euthanized immediately.</li> <li>3.) Wildlife unlikely to recover should be euthanized as soon as possible within 180 days, unless approved otherwise by the Division.</li> <li>4.) It shall be unlawful to provide wildlife care that seriously impairs the potential success of release back to the wild.</li> <li>5.) Any DVM may render emergency care and treatment to sick or injured wildlife. Any such wildlife shall be transferred to a licensed rehabilitator within 24 hours. Any services rendered shall not create a financial obligation to the Division.</li> <li>6.) Any DVM may euthanize injured wildlife if no other reasonable action would be practical, humane or effective.</li> <li>7.) Any DVM euthanizing wildlife using chemical agents must provide for appropriate burial, incineration or other lawful disposition.</li> </ol>			

Veterinarian Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: Completion of this form does NOT authorize the consulting veterinarian to act as a licensed wildlife rehabilitator.**

**FORM B****PROVISIONAL WILDLIFE REHABILITATION  
LICENSE APPLICATION**

Who needs to complete and submit this form?

Anyone applying for a Colorado Provisional Wildlife Rehabilitation License, and who has arranged for a licensed Colorado Wildlife Rehabilitator to serve as a Sponsor. Part 1 of this form should be completed by the applicant and Part 2 completed by the applicant's sponsoring wildlife rehabilitator.

**PART 1. To be completed by the Applicant.**

1.) Please indicate the species you propose to rehabilitate. Please list specific species as needed:

- Small mammals (e.g., squirrels, rabbits) \_\_\_\_\_
- Mid-sized mammals (e.g., raccoons, fox) \_\_\_\_\_
- Large mammals (e.g., deer, bear) \_\_\_\_\_
- Passerines (e.g., songbirds) \_\_\_\_\_
- Waterfowl, sea or shore birds \_\_\_\_\_
- Raptors \_\_\_\_\_
- Bats \_\_\_\_\_
- Herptiles \_\_\_\_\_

2.) Pursuant to Chapter 14 #1401 A. 2. (a) (3), you must possess an on-site holding facility which meets the criteria established under regulation #1404. You may meet this requirement by one or both of the approaches listed below. Please indicate one or both:

- I plan to meet this requirement with facilities available from my Sponsor.
- I plan to meet this requirement with my own facilities. I have already had my Sponsor inspect and approve these facilities.

3.) Pursuant to Chapter 14 #1401 A. 2. (a) (7), I have attached a copy of the Learning Plan that will be used to guide my learning as a new wildlife rehabilitator. This plan was jointly developed and is signed by my Sponsor and by me.

4.) Pursuant to Chapter 14 #1407 B., if I have indicated above the intent to rehabilitate any species that require pre-exposure rabies vaccination, I have attached written evidence of current pre-exposure rabies vaccination with demonstrated titers.

- 5.) By signing this application, I agree to follow all applicable state and federal rules and regulations that govern the activity of wildlife rehabilitation. Specifically, I agree to all provisions of Chapter 14 of the Colorado Division of Wildlife regulations, including, but not limited to, the following:
- a.) Pursuant to Chapter 14 #1401 A. 2. (a) (6), I agree to have completed a basic wildlife rehabilitation curriculum approved by the Division prior to my second license renewal.
  - b.) Pursuant to Chapter 14 #1401 A. 2. (a) (3), I agree to consult with my Sponsor immediately after receiving any wildlife, or if not available, with another licensed Wildlife Rehabilitator, DVM or the Division within 24 hours.
  - c.) Pursuant to Chapter 14 #1401 A. 2. (a) (4), I agree to immediately transfer any wildlife upon request by my Sponsor or the Division.
  - d.) Pursuant to Chapter 14 #1401 A.3., if I lose my sponsorship or it is revoked, I agree to transfer all wildlife within 48 hours.
  - e.) Pursuant to Chapter 14 #1401 A. 6. (c) (1), I agree that I will not use unlicensed individuals to assist in any direct animal care activities unless my Sponsor approves such use in writing.

*Signature of Applicant:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Applicant Name (printed):* \_\_\_\_\_

**PART 2. To be completed by the Sponsor.**

1.) Pursuant to Chapter 14 #1401A.1. (b) (3), only Colorado Wildlife Rehabilitators that have a minimum of three (3) years of experience as a fully-licensed Wildlife Rehabilitator may serve as a sponsor for a Provisional Wildlife Rehabilitator. Other previous documented experience may be considered to meet this requirement. Please indicate below your years of experience:

\_\_\_ I have \_\_\_ years of experience as a fully licensed Colorado Wildlife Rehabilitator.

\_\_\_ I have \_\_\_ years of equivalent experience to meet this requirement. I have attached documented previous experience (species and rehabilitation license type) to be considered to meet this requirement on a year-to-year basis.

2.) Pursuant to Chapter 14 #1401A.1. (b) (2), if this application and sponsorship are approved, I will not be sponsoring more than three (3) Provisional Wildlife Rehabilitators at the current time.

3.) If the applicant is planning to use their own holding facilities, I have already inspected and approved them, and consider them to be in compliance with the requirements of Chapter 14 - #1404.

4.) I agree to attend the applicant's interview and facilities inspection to be conducted by the Division.

5.) Pursuant to Chapter 14 #1401A.1. (a) (4), I agree that If I revoke my sponsorship of the applicant, I will notify the Division within 48 hours.

6.) If I approve the use of unlicensed individuals to assist the applicant with direct animal care activities, I agree to comply with all training, supervisory and recordkeeping and reporting requirements of Chapter 14 #1401 A. 6. I further understand and agree that I assume full responsibility for the actions and activities of those unlicensed individuals and shall be fully responsible for any violations of the regulations by those individuals.

7.) Notwithstanding any other requirements required of a Sponsor, I will commit to providing suitable training, monitoring and supervision to (*name of applicant:*) \_\_\_\_\_ with the goal of the applicant becoming a fully-licensed Wildlife Rehabilitator.

**Printed Name of Sponsor** \_\_\_\_\_

**Sponsor's Address** \_\_\_\_\_

**Street**

**City**

**Zip**

**Phone (home)** \_\_\_\_\_ **Phone (cell)** \_\_\_\_\_ **Phone (work)** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Signature of Sponsor** \_\_\_\_\_ **Date** \_\_\_\_\_

**THE FOLLOWING FOR DIVISION USE ONLY**

Interview conducted by (please print) \_\_\_\_\_ Date \_\_\_\_\_

Facility inspected by (please print) \_\_\_\_\_ Date \_\_\_\_\_

1.) \_\_\_ Approved \_\_\_ Denied DWM Signature \_\_\_\_\_ Date \_\_\_\_\_

2.) \_\_\_ Approved \_\_\_ Denied AWM Signature \_\_\_\_\_ Date \_\_\_\_\_

3.) \_\_\_ Approved \_\_\_ Denied RM Signature \_\_\_\_\_ Date \_\_\_\_\_

Please indicate any comments and/or conditions of licensing: