

MAINE DEPARTMENT OF INLAND FISHERIES AND WILDLIFE

284 State Street, 41 SHS Augusta, ME 04333

Phone 207-287-5252/Fax 207-287-6395

**Statement of Support from Licensed Veterinarian
(D.V.M., V.M.D., etc....)**

In accordance with the provisions of the Revised Statutes, Title 12, Section 12152, 5 and MDIFW Chapter 7 rules on Wildlife in Captivity, the following document shall be submitted as part of the requirements to apply for a permit that allows me to rehabilitate wildlife native to the State of Maine.

Name of Applicant: _____
(Please Print)

I hereby affirm the following:

- I am personally acquainted with the above applicant for a Wildlife Rehabilitation Permit for the State of Maine and am familiar with his/her intended activities related to wildlife rehabilitation.
- I agree to provide consultation and medical services for wildlife upon request of the applicant and subject to my professional judgment.
- I understand that I am under no obligation to provide free services; nor am I to be held responsible for the actions, judgment, or conduct of this applicant. This statement does not imply an endorsement of this applicant.
- I am authorized, but not required, to visit the applicant's facility for periodic observations of both facility and wildlife patients.

Veterinarian Practice Name: _____

Practice Address: _____
(P.O. Box/Street/Apt#) (City/Town) (Zip Code)

Veterinarian License Number: _____ **State of Issuance:** _____

Licensee Name: _____ **Date:** _____
(Please Print)

Signature: _____

FOR DEPARTMENT USE ONLY	
Verified: <input type="checkbox"/> Yes Or <input type="checkbox"/> No	By _____ Date: _____
Notes: _____	

MAINE DEPARTMENT OF INLAND FISHERIES AND WILDLIFE

284 State Street, 41 SHS Augusta, ME 04333

Phone 207-287-5252/Fax 207-287-6395

Statement of Support from Licensed Veterinarian - Application Instructions

Applicants for a Wildlife Rehabilitation Permit are required to secure the services of a Licensed Veterinarian.

This form must be filled out completely and signed by the supporting veterinarian.

Please submit this form with your Application for Wildlife Rehabilitation Form and other supporting documents to:

Maine Department of Inland Fisheries and Wildlife

ATTN: Wildlife Rehabilitation Permits

41 State House Station

Augusta, ME 04333-0041

or via email to: Rehab.IFW@Maine.gov