



WILDLIFE REHABILITATION LICENSE APPLICATION

Please mail in a complete application with required Forms (see grid below) to:
 CPW Special Licensing, 6060 Broadway, Denver, CO 80216
 P 303.291.7143 wildlife.speciallicensing@state.co.us

FEE EXEMPT

Check the boxes next to the information you want included in a public directory posted on Colorado Parks and Wildlife's webpage.

<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 Colorado Parks & Wildlife 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 FOR THESE LICENSES:	Provisional Wildlife Rehabilitator	Full Wildlife Rehabilitator	Annual License Renewal
Form A – Documentation of Compliance with General Provisions of #1401	√	√	√
Form B - Provisional Wildlife Rehabilitation Licensing	√		
Form C - Wildlife Rehabilitation Licensing (Initial Full License, Reinstatement*, Amendments*)	√(*)	√	
Form D - Renewal of a Provisional or Full Wildlife Rehabilitation License			√

“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 Colorado Parks & Wildlife to make further inquiries to verify these statements.”

Signature (written): _____ **Date:** _____

If a license application is denied by Colorado Parks & 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.

FORM A**DOCUMENTATION OF COMPLIANCE WITH
GENERAL PROVISIONS OF CHAPTER 14 - #1401****WHO NEEDS TO COMPLETE AND SUBMIT FORM A:**

- I. The certifications, declarations, attachments, and additional information this form provides are required from initial Provisional and initial Full Wildlife Rehabilitation License applicants per the general provisions of Chapter 14 - #1401.
- II. Currently licensed Wildlife Rehabilitators are required to update these certifications, declarations, attachments, and additional information if ANY changes have occurred to the provisions of Parts 1, 2, or 3 below. **At minimum, current license holders must complete the certification at the bottom of this page to verify that no changes have occurred.**

PART 1. Certifications and Declarations.	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): <u> </u> Do not have any prior animal welfare violations, wildlife violations, or suspension or revocation of any rehabilitation license issued by any state or by the U.S. Fish and Wildlife Service, or <u> </u> Do have animal welfare violation(s), wildlife violation(s), or suspension(s) or revocation(s) of a rehabilitation license(s) 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(s).	
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 Colorado Parks & Wildlife 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 Colorado Parks & Wildlife about Chronic Wasting Disease (CWD).	

PART 2. Additional documentation required.	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 Colorado Parks & Wildlife 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 Colorado Parks & Wildlife 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 Colorado Parks & 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 Colorado Parks & 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? ____Yes ____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 Colorado Parks & Wildlife Regulations, including, but not limited to those described in #1405 A through I, and summarized below:			
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.			
2.) If the rehabilitator or DVM determines that any wildlife is not likely to survive, it must be euthanized immediately.			
3.) Wildlife unlikely to recover should be euthanized as soon as possible within 180 days, unless approved otherwise by Colorado Parks & Wildlife.			
4.) It shall be unlawful to provide wildlife care that seriously impairs the potential success of release back to the wild.			
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 Colorado Parks & Wildlife.			
6.) Any DVM may euthanize injured wildlife if no other reasonable action would be practical, humane or effective.			
7.) Any DVM euthanizing wildlife using chemical agents must provide for appropriate burial, incineration or other lawful disposition.			

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 D

WILDLIFE REHABILITATION LICENSE ANNUAL REPORTING REQUIREMENTS AND RENEWAL

Complete and submit this form by **JANUARY 31** to meet annual reporting requirements and renew a currently valid license.

- Part 1 – Annual Report.** This form is **mandatory for all renewals** per Chapter 14 #1402 A. & B. and reports all annual wildlife activity for the period ending December 31. ALL three sections of this Annual Report which is described in Part 1 below are required (**even to report “none”**). This form is also available electronically.
- Part 2 – Unlicensed Individuals.** This form reports the required specifics for any unlicensed individuals (volunteers, paid staff, interns) who provided assistance with direct animal care during the year. This form is also available electronically.
- Part 3 – Annual Learning Plan Update for Provisional Wildlife Rehabilitators.** This report documents progress towards the objectives listed in the Learning Plan.

For all of the prior year’s activity under my wildlife rehabilitation license (CO Lic # _____), I have completed and **attached** all of the applicable parts to Form D. I am also submitting a completed Form A. I certify that Part 1 is a complete listing of all of the wildlife that I have admitted and treated, transferred, and/or released, including any wildlife pending at year-end. I further certify I have remained in compliance with CPW Wildlife Rehabilitation regulations and all other applicable statutes and regulations, including declaration of prior animal welfare violations, wildlife violations, or suspension or revocation of any rehabilitation license.

_____ Please **DO** renew my wildlife rehabilitation license for another year.

_____ Please **DO NOT** renew my wildlife rehabilitation license for another year.

Signature of License Holder: _____ *Date:* _____

Signature of Sponsor (for all Provisional renewals): _____ *Date:* _____

PART 1. Annual Report. NOTE: All three sections are required, even if “nothing to report” on each.

Colorado Parks and Wildlife’s website has instructions, blank printable forms, and an electronic EXCEL spreadsheet for all three sections of the Annual Report. **ALL Wildlife Rehabilitation Licenses expire on January 31 unless a complete Renewal Application including this three part Annual Report is received on or before January 31 of each year.** Indicate below the method you are using to submit your Annual Report:

_____ I have printed out the Annual Report forms and have attached them to this renewal application.

_____ I have used the EXCEL Spreadsheet to complete the Annual Report and have submitted it electronically via email.

Section 1. ADMISSIONS/DISPOSITIONS Year-End Report Form. This form provides a chronological listing of **each** wild animal admitted to rehabilitation and the animal’s disposition (even if pending at year-end). It should specify original capture point and point of release. Transfers to/from other licensed rehabilitators should be traceable to the other rehabilitator’s Annual Report.

Section 2. PRIOR REPORT Form. This form provides a listing of those animals held over from the prior year, along with their final disposition during the current year. All of these animals should be traceable to the prior year’s Annual Report.

Section 3. ANNUAL SUMMARY Report Form. This form provides a recap of the entire year’s activity, by species and by disposition. Any wildlife pending at December 31 should also be recapped on this form.

NOTE: For all Provisional Wildlife Rehabilitator Annual Reports, Sponsor review and approval is required.

Pursuant to Chapter 14 #1402 B., I have reviewed the accompanying Annual Report and consider it to be complete, accurate, and conform to the record and reporting requirements as specified in Chapter 14 #1402.

Signature of Sponsor _____ *Date* _____

PART 2. Unlicensed individual assisting with direct animal care. Please use one page per individual.

Name of unlicensed individual _____

Mailing Address _____ Telephone number _____

Approved areas of animal care based upon successful completion of training and instruction.

Subject area of training	Completion date	Instructor
Ethics of wildlife rehabilitation*	_____	_____
Wildlife rehabilitation regulations*	_____	_____
Safe capture and handling of applicable species*	_____	_____
Diet and nutrition for the applicable species*	_____	_____
Common and zoonotic wildlife diseases and parasites*	_____	_____
Transport and release of wildlife	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____

(* Pursuant to Chapter 14 #1401 A.6.(b) (1), completed training in these subject areas is required prior to any unlicensed individual assisting with any direct animal care.)

I have completed the training and instruction indicated above, and understand how to use the written protocols for the animal care activities for which I have provided assistance. I have provided the animal care indicated below while under the direction and supervision of (name of Wildlife Rehabilitator): _____.

Signature of unlicensed individual: _____ *Date:* _____

Record of animal care assistance provided.

Dates worked	Time of day (from/to)	Type of animal care provided by the unlicensed individual			
		Diet prep or feeding	Cage cleaning	Transport or release	Other activity – please be specific

For more dates, please attach continuation page(s) as necessary, or use the EXCEL format provided on CPW's website.

Record of animal care assistance provided by an unlicensed individual – continuation page.**Name of unlicensed individual:****Name of Wildlife Rehabilitator:**

Dates worked	Time of day (from/to)	Type of animal care provided by the unlicensed individual			
		Diet prep or feeding	Cage cleaning	Transport or release	Other activity – please be specific

For more dates, please attach additional sheets as necessary, or use the EXCEL format provided on CPW’s website.

PART 3. Annual Learning Plan Update for a Provisional Wildlife Rehabilitator.

This section provides the annual update of a Provisional's Learning Plan progress as is required by regulation (#1402C.).

Provisional Wildlife Rehabilitator:	
Sponsoring Wildlife Rehabilitator:	

Section 1. Comment on the following subject/activity areas which tie back to the originally submitted Learning Plan and note any additions made to that Learning Plan during the past year (attach additional pages if needed) :

- Animal care skill and knowledge, including number and species of animals, mix of ages (juveniles v. adults), types of medical conditions.
- Providing first aid and administering medical care at veterinarian's direction.
- Cage and facility preparation, cleaning and maintenance.
- Preparing appropriate diets. Feeding appropriately (amounts, timing, methods, etc.). Preventing diet or feeding related problems.
- Safety (capture and handling techniques, disease prevention, etc.).
- Talking with the public about human-wildlife conflicts, whether or not an animal needs rehabilitation, etc.
- Making decisions about euthanasia and release. Conducting effective releases.
- Adherence to wildlife rehabilitation regulations.

Section 2. Comment upon or list any other major accomplishments, including training, classes, or conferences attended.

We, the sponsoring Wildlife Rehabilitator and the Provisional Wildlife Rehabilitator, consider the progress to date to warrant renewal of this Provisional Wildlife Rehabilitation License in order to continue progress towards achieving all training objectives as outlined in the Learning Plan.

Signature of Provisional Wildlife Rehabilitator: _____ *Date:* _____

Signature of Sponsoring Wildlife Rehabilitator: _____ *Date:* _____