

Unlicensed individual assisting with direct animal care. Please use one workbook per individual.

Name of unlicensed individual: _____

Mailing address: _____

Telephone #: _____

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

Subject area of training	Completion date (m/d/yyyy)	Instructor's name
Ethics of wildlife rehabilitation*		
Wildlife rehabilitation regulations*		
Safe capture and handling of applicable species*		
Diet and nutrition for applicable species*		
Common and zoonotic wildlife diseases and parasites*		
Transport and release of wildlife		
Other: _____		
Other: _____		
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 direct animal care.)

Declaration of the unlicensed individual (to be completed by the unlicensed individual).

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 on the accompanying worksheet entitled "Animal Care" while under the direction and supervision of the Wildlife Rehabilitator named below:

Name of Wildlife Rehabilitator: _____

Type name of unlicensed individual here (electronic signature): _____

Date: _____

(By typing my name above and using this electronic spreadsheet to submit the information indicated, I attest that the information is true and complete.)

