

NEW HAMPSHIRE FISH AND GAME DEPARTMENT
11 HAZEN DRIVE
CONCORD, NH 03301



WILDLIFE REHABILITATION PERMIT RENEWAL REQUEST FORM

Please Print Name

Ph:

Mailing Address

Physical Address if different from Mailing

City

ST

Zip

Federal Rehabilitation Permit No.
(Required to rehabilitate migratory birds)

Applicant's Signature

Date

INDEMNIFICATION STATEMENT

(SIGNATURE REQUIRED TO REHAB RABIES VECTOR SPECIES)

I hereby agree to indemnify the New Hampshire Fish and Game Department from all losses, injury and damage to persons or property resulting from acts or omissions on my part, and assume full liability and responsibility for myself and my assistants in the care of and contact with Rabies Vector Species (raccoons, woodchucks, fox, skunks and bats)

Signature

Date

Licensed Consulting Veterinarian - (Concurrence with Issuance of Renewal Permit)

I, _____ hereby concur with the issuance of a renewal permit
(Please print name here)
to the above-named applicant.

Veterinarian's Signature

Facility

NOTE: This renewal request does not allow for rehabilitation of any new species not previously listed on your current permit. Any changes or additions that you wish to make must be documented to and approved by the Department.

Rev. 3/26/04 (Added Indemnification Statement)