



Dear Wildlife Rehabilitator:

Please complete and return the following questionnaire:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

LAST ISSUED PERMIT NUMBER \_\_\_\_\_

1) Do you wish to receive referrals from the Department of Natural Resources?

YES \_\_\_\_\_ NO \_\_\_\_\_

2) What are your hours and days of availability?

\_\_\_\_\_

3) At what phone number can you be reached during those hours?

\_\_\_\_\_

4) Are you available to respond to calls? YES \_\_\_\_\_ NO \_\_\_\_\_

5) For which animals will you respond to calls? \_\_\_\_\_

\_\_\_\_\_

6) If yes, in what area (county, city) will you respond to calls?

\_\_\_\_\_

7) Do you wish to have your permit information made available if a list of Wildlife

Rehabilitators is requested by a member of the public? \_\_\_\_\_ YES \_\_\_\_\_ NO