

**MAINE DEPARTMENT OF INLAND FISHERIES AND WILDLIFE**

284 State Street, 41 SHS Augusta, ME 04333

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

**Wildlife Rehabilitation Permit Professional References Form**

*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.*

*To Be Completed by the Applicant*

**Name of Applicant:** \_\_\_\_\_

(Please Print)

**Species names/groups of species that the Applicant proposes to provide rehabilitation for:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The above-named person is applying to become a Wildlife Rehabilitator, permitted by the Maine Department of Inland Fisheries and Wildlife and is requesting you to serve as a reference.*

**Please comment on the following:**

1. How long have you known the applicant? \_\_\_\_\_

2. In what capacity do you know the applicant? \_\_\_\_\_

\_\_\_\_\_

3. In your experience, please evaluate the applicant's professional competence as it relates to the care, feeding, and handling of native wildlife or similar species.

Highly Experienced       Knowledgeable and Skilled       Basic Skills and Experience       Needs More Training

4. Would you recommend the applicant be permitted to rehabilitate native wildlife?

Strongly and without reservation       Could recommend as competent       Would have some reservations       Do not recommend for permitting

**Name of Reference:** \_\_\_\_\_

**Affiliation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

(P.O. Box/Street/Apt#)

(City/Town)

(Zip Code)

**Email Address:** \_\_\_\_\_ **Phone Number:** ( ) \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Professional Reference form - Application Instructions**

Applicants for a Wildlife Rehabilitation Permit are required to submit two references from any of the following: a professional organization, currently permitted wildlife rehabilitator, or governmental institution such as university, zoological association, or federal agency.

*This form must be filled out completely, signed and mailed to the Department by the reference.*

**Question 1.** We are interested in how long you have known the applicant in a professional setting as it relates to the care, feeding, and handling of native wildlife species or an equivalent setting.

**Question 2.** We are interested in knowing whether the applicant was a subordinate, co-worker, volunteer, or some other capacity and the actual amount of interaction you had with the applicant as it relates to the care, feeding, and handling of native wildlife species or an equivalent setting.

**Question 3.** Please categorize the applicant's skill level as it relates to the care, feeding, and handling of the native wildlife species listed.

**Highly experienced:** would be a person who has multiple years of experience in the field of wildlife rehabilitation, shows a vast knowledge of the natural history of native wildlife species, trains others on the safe handling of wild animals, understands safe housing and caging considerations for various levels of rehabilitation, recognizes the clinical signs of common wildlife diseases, recognizes normal and abnormal animal behavior, trains others on the administration of food, fluids, and medication.

**Knowledgeable and skilled:** would be a person who has volunteered or assisted another permitted rehabilitator for several years, has shown a diverse knowledge of natural history of most native wildlife species, has demonstrated safe capture and handling techniques, understands safe housing and caging considerations, can identify and assess common wildlife problems and conditions, and has adequate experience administering food, fluids, and medication.

**Basic skills and experience:** would be a person who has met basic training requirements to become a rehabilitator and has shown basic knowledge of the natural history of many native wildlife species, has demonstrated basic safe capture and handling techniques, has assisted with administering fluids and foods, and keeps accurate records.

**Needs more training:** would be a person who has good intentions, but lacks the basic skills required to adequately and humanely care for sick, injured, or orphaned wildlife.

**Question 4:** We are interested in your recommendation of this person to conduct wildlife rehabilitation activities beyond the applicant's skills as it relates to the care, feeding and handling of animals. In addition, we would like to know if you believe the applicant has the appropriate mindset for wildlife rehabilitation, can interact with the public and Departmental staff in a professional and appropriate manner, will make every effort to prevent an animal's dependency on humans, understands that not all animals can be rehabbed, can have an animal euthanized if that animal cannot be released and survive in the wild after 6 months of rehabilitation.

**Please submit this form 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](mailto:Rehab.IFW@maine.gov)