



Wildlife Rehabilitation Permit Application

New Renewal – Current Permit # (Required)

APPLICANT INFORMATION

Name of Applicant (First, Middle Initial and Last Name): _____

Social Security # or Federal Tax I.D. #: _____

Name of Business (if applicable) _____

Mailing Address: _____

Kentucky Resident Yes No

County (if resident) _____

City: _____

State: _____ Zip Code: _____

Phone: _____ Email: _____

PAYMENT INFORMATION

Total Amount Enclosed: _____

Commercial License & Fees: fw.ky.gov/Licenses/Pages/Commercial-License-Fees.aspx

Statement of Fact: (Required by KRS 164.772)

I hereby state that I am not in arrears or default on a repayment obligation under any financial assistance program with Kentucky Higher Education Assistance Authority. I understand that if I am in arrears or default on a repayment obligation under any financial assistance program with Kentucky Higher Education Assistance Authority, my license or permit may not be issued or renewed.

Statement:

I, the undersigned, hereby state that upon signing this instrument, the Kentucky Department of Fish and Wildlife Resources (KDFWR) and all of its employees shall be released of any liability that might occur as a result of my issuance of this license or permit. I certify that I have read and understand 301 KAR 2:075 Further, I certify that, to the best of my knowledge, the information herein is correct and true.

Signature: _____

Date: _____

| |
|--|
| Office Use Only |
| Date: _____ |
| Reviewed by: _____ |
| Approved: Yes <input type="checkbox"/> No <input type="checkbox"/> |

| |
|---|
| Make Checks payable to KDFWR |
| Mail application and payment to: |
| Kentucky Department of Fish and Wildlife Resources |
| #1 Sportsman's Lane |
| Frankfort, KY 40601 |
| ATTN: Rehabilitation Permit |

Not effective until Spring of 2026

Address where animals will be rehabilitated Same as above

Facility Name (if applicable): _____

Facility Address: _____

County: _____ City: _____ Zip: _____

Telephone: _____

Basic Wildlife Rehabilitation Course Requirements

Have you successfully completed the International Wildlife Rehabilitation Council's course on "Basic Rehabilitation"?

Yes No

IF "NO" TO BOTH QUESTIONS, APPLICATION DENIED

Are you a Veterinarian? Yes No

A Basic Wildlife Rehabilitation Course Certificate is **REQUIRED** before permit approval. Veterinarians with a doctorate degree from the American Veterinary Medical Association are not required to take the course. Please find details about the course here: theiwrc.org/product/basic-wildlife-rehabilitation-course

State Protected Wildlife Species

Native species you will accept for rehabilitation (please check those that apply):

- All Mammals All Reptiles All Amphibians Only Deer Only Squirrels
- Only Rabbits Raccoons _____ _____

Federally Protected Wildlife Species

A wildlife rehabilitator must obtain a Federal Fish and Wildlife Rehabilitation Permit, in addition to a state wildlife rehabilitation permit, to handle federally protected migratory birds or threatened or endangered species. A person may transfer birds immediately to a federal permitted facility, if listed as a sub-permittee on a federal permit. (All songbirds, raptors, waterfowl, and threatened or endangered species). Applications can be found at [U.S. Fish & Wildlife Service - Migratory Bird Program | Conserving America's Birds \(fws.gov\)](http://U.S. Fish & Wildlife Service - Migratory Bird Program | Conserving America's Birds (fws.gov)). For more information contact the U.S. Fish and Wildlife Service's Atlanta Office at 404/679-7070 or permitsR4MB@fws.gov.

(Please check those that apply):

- Birds Songbirds Raptors Waterfowl T&E

Other: _____ Federal Permit Number: _____ Expiration Date: _____

Veterinary Support (Completed and signed by veterinarian)

Name: _____

Business Name (if applicable): _____

Business Address: _____

City, State, Zip: _____

*Veterinarian facility must be located within Kentucky

Telephone (): _____

Email: _____

I certify that I hold a certificate of license to practice veterinary medicine according to KRS 321.190. I also certify that I have a veterinary-client-patient relationship with this wildlife rehabilitator according to KRS 321.185.

Veterinary Signature _____ Date _____

Provide a copy of the following documents with this application (check those that apply):

- IWRC Basic Wildlife Rehabilitation Course Certificate or Certificate of Doctor of Veterinary Medicine from American Veterinary Medical Association
- Annual Wildlife
- Rehabilitation Report Non- Releasable Wildlife Report
- Federal Fish and Wildlife Rehabilitation Permit or Sub-Permit for Migratory Birds or Threatened or Endangered species
- Federal Fish and Wildlife Special Purpose Permit for Educational Use

Initial the Following Statements

_____ I certify that I have read and understand 301 KAR 2:075, and that all information contained in this application is correct. Visit this link to review wildlife rehabilitation regulations.

lrc.state.ky.us/kar/301/002/075.htm

_____ I certify and understand that my permit shall be revoked and/or denied and wildlife confiscated if I fail to comply with the provisions of this administrative regulation, 301 KAR 2:081, 301 KAR 2:082, 301 KAR 2:083, 301 KAR 2:195, 301 KAR 2:251, or 301 KAR 3:120, if I am convicted of a violation of KRS Chapter 150, the administrative regulations promulgated under its authority, hunting, fishing, or wildlife laws of the federal government, or if I falsify information on this application, Annual Report, Non-Releasable Wildlife Report, or corresponding documents.

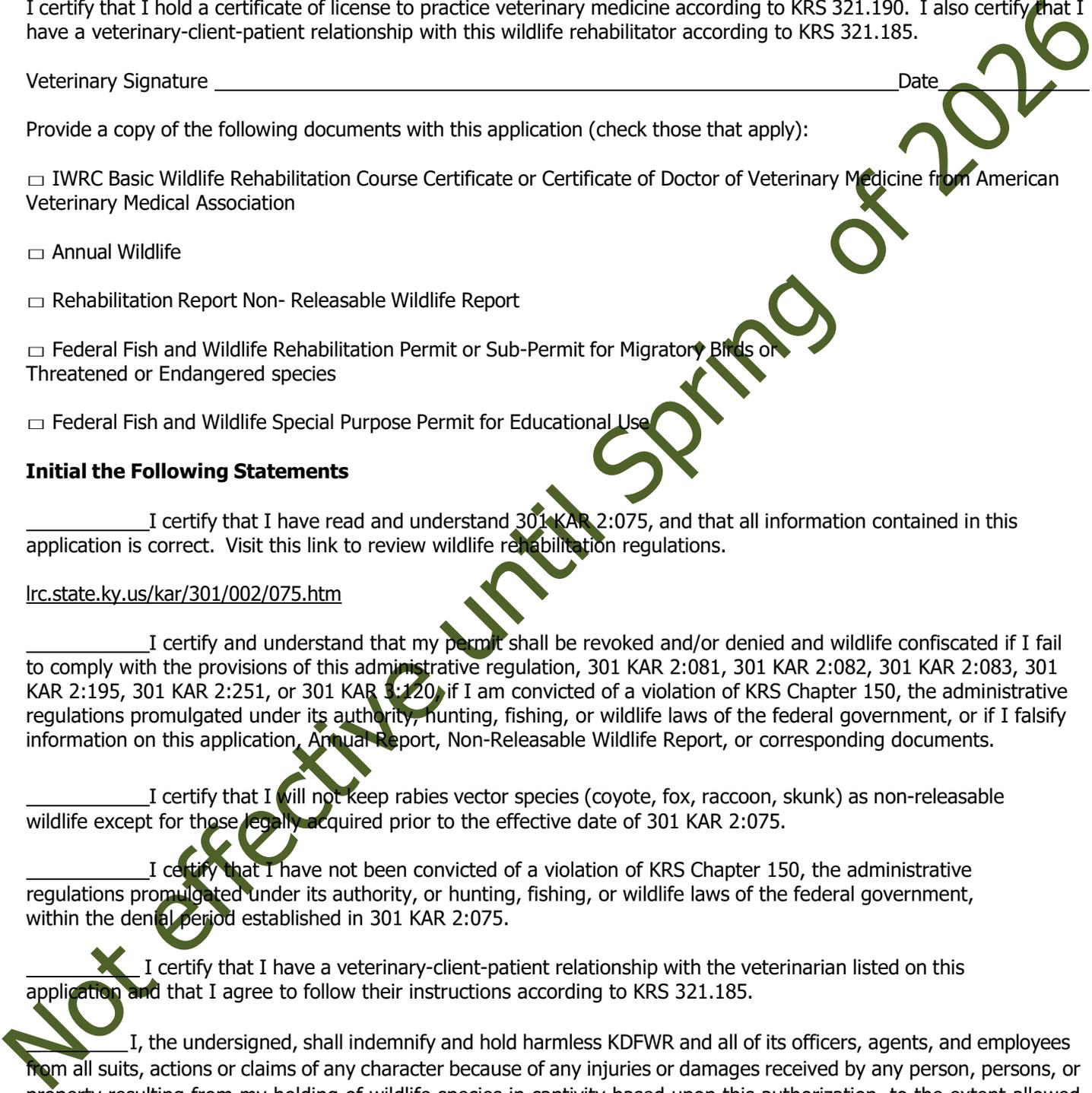
_____ I certify that I will not keep rabies vector species (coyote, fox, raccoon, skunk) as non-releasable wildlife except for those legally acquired prior to the effective date of 301 KAR 2:075.

_____ I certify that I have not been convicted of a violation of KRS Chapter 150, the administrative regulations promulgated under its authority, or hunting, fishing, or wildlife laws of the federal government, within the denial period established in 301 KAR 2:075.

_____ I certify that I have a veterinary-client-patient relationship with the veterinarian listed on this application and that I agree to follow their instructions according to KRS 321.185.

_____ I, the undersigned, shall indemnify and hold harmless KDFWR and all of its officers, agents, and employees from all suits, actions or claims of any character because of any injuries or damages received by any person, persons, or property resulting from my holding of wildlife species in captivity based upon this authorization, to the extent allowed by Kentucky law. No part of this agreement shall constitute, either directly or indirectly, a waiver of sovereign immunity granted under the Kentucky Constitution, Section 231, and the United States Constitution, Eleventh Amendment.

_____ I certify and understand that it is my responsibility to renew and possess a valid permit prior to the expiration date listed on the permit.



_____ I understand that receipt and cashing of payment does not imply approval of permit request.
Correct payment must accompany application.

Applicant Name (Print)

Signature

Date

Mail completed application and check or money order to:

The Kentucky Department of Fish & Wildlife Resources,
#1 Sportsman's Lane, Frankfort, KY 40601
ATTN: Wildlife Rehabilitation Permit

Not effective until Spring of 2026

Wildlife Rehabilitation Permit Facility Inspection Checklist (For Law Enforcement Use Only)

Name: _____ Facility Name: _____

Facility Address: _____

Yes No Mark "YES" if the applicant has obeyed KRS 150 and federal wildlife laws (has not been convicted of a violation of KRS 150 or federal wildlife law or had permit revoked or denied within the denial period established in 301 KAR 2:075).

IF MARKED "NO", PERMIT DENIED. NO INSPECTION REQUIRED. Date of conviction: _____

Yes No The applicant does not simultaneously hold native wildlife under a captive wildlife permit

Yes No Each section of the application is accurate and complete, including veterinary section, which is completed and signed by a veterinarian.

Yes No The address being inspected matches that indicated on the application and is the location where applicant will conduct wildlife rehabilitation activities.

Yes No Facility and animal enclosures are reasonably clean in an effort to prevent disease transmission between wildlife, or to humans.

Yes No The facility has refrigeration for animal food, carcasses, and postmortem specimens, separate from refrigeration for human food. Disposable gloves and other personal protection equipment are available.

Yes No The facility has reliable and adequate potable water and electricity.

Yes No Wildlife is released upon recovery from injury or illness and when of suitable age to reasonably survive in the wild Domestic animals have no direct contact or exposure to wild animals.

Yes No Wildlife enclosures are of appropriate size*, made from appropriate materials, and are in good repair for all ages and conditions of all species that the applicant does or expects to commonly treat per Minimum Standards for Wildlife Rehabilitation, 4th edition.

Yes No Wildlife enclosures are designed to protect the animal from injury, abuse, or harassment while containing the animal and restricting the entrance of other animals.

Yes No Indoor wildlife enclosures are located in an area that provides quiet and minimal visual stimuli. Wildlife is contained in enclosures and not loose in the facility.

Yes No Outdoor enclosures are present to provide opportunity for release conditioning including exercise, behavioral rehabilitation, and acclimatization to weather conditions, except facilities that ONLY rehabilitate herpetofauna are not required to have outdoor enclosures.

Yes No Outdoor enclosures have sufficient shelter (a roofed portion, nest box, or other means of protection) from inclement weather and temperature; yet still enable the animal to be conditioned for survival in the wild.

Yes No Outdoor enclosures are surrounded by a fence or somehow placed out of view of the public to avoid habituation to humans.

Yes No New applicants: new applicants are compliant with 301 KAR 2:075 and do not possess wildlife prior to permit approval.

Yes No Renewals only: If animals are present, wildlife is maintained in sanitary and safe conditions and are not held in overcrowded enclosures

Yes No All persons at this facility that participate in wildlife rehabilitation or come into direct contact with wildlife, have passed the IWRC Basic Wildlife Rehabilitation Course and have a valid KY wildlife rehabilitation permit.

Yes No Rabies vector species are either released or euthanized and not kept as permanent non-releasable animals, except those documented on the non-releasable wildlife report in possession prior to April 4, 2023. These animals have not been replaced and sexes are kept separate.

ALL BOXES MUST BE MARKED "YES" TO PASS INSPECTION

A FACILITY FAILS INSPECTION IF ANY BOXES ARE MARKED "NO"

I CERTIFY THAT I HAVE INSPECTED THIS FACILITY. I CERTIFY THAT THIS FACILITY: Passed Failed

Conservation Officer Name (Print)

Signature

Date

If failed, inform applicant and Commissioner, and provide checklist to Wildlife Division Permits Biologist. Allow second inspection after 10 days. If applicant fails second inspection, confiscate wildlife or arrange for transfer to permitted wildlife rehabilitator. Third inspections shall not be granted in the same calendar year.

Guidelines for appropriate size enclosures can be referenced within Minimum Standards for Wildlife Rehabilitation, 4th ed., 2012, Tables 3-8.

- Table 3, Songbird and Misc. Avian Species Cage Dimensions page 35
- Table 4, Waterbird Cage Dimensions page 39-42
- Table 5, Raptor Cage Dimensions page 48
- Table 6, Infant to Juvenile Mammals Cage Dimensions page 58-64
- Table 7, Adult or Adult-sized Mammals Cage Dimensions page 62
- Table 8, Reptile Cage Dimensions page 73
- No Required Enclosure Sizes Listed for Amphibians

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