



WILDLIFE AND HERITAGE SERVICE  
WILDLIFE REHABILITATION STATEMENT OF  
VETERINARIAN SUPPORT

INSTRUCTIONS

- 1. No fee.
- 2. Print or type all information.
- 3. Please be sure to complete all pages of this application.
- 4. Contact this office at 410-260-8540, or wildlifepermits.dnr@maryland.gov if you have any questions.

Mail completed form to:  
*Permits Coordinator*  
*Wildlife and Heritage Service*  
*Tawes State Office Building*  
*580 Taylor Ave, E-1*  
*Annapolis, MD 21401*  
 or email to:  
 wildlifepermits.dnr@maryland.gov

**To the Veterinarian:**

This form is part of an application packet for a Wildlife Rehabilitation Permit. It is designed to show only that the prospective applicant or those permittees seeking renewal have veterinary services available. However, this form in no way commits or obligates the veterinarian in any manner. The State of Maryland assumes no financial responsibility, and all financial matters are strictly between the applicant and the veterinarian

This is to testify that I have been contacted by \_\_\_\_\_ and have agreed, upon their receipt of a Wildlife Rehabilitation Permit, to assist, advise, and/or treat sick or injured wildlife brought to me by the applicant.

*Please feel free to comment on the applicant's suitability as a wildlife rehabilitator. Any comments will remain confidential as part of the applicant's packet.*

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

SIGNATURE		DATE	
-----------	--	------	--