



**STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF NATURAL RESOURCES
WILDLIFE DIVISION**

Statement of Veterinarian Support

To The Veterinarian:

This form is part of an application packet for a Wildlife Custodial 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 Connecticut assumes no financial responsibility, and all financial matters are strictly between the applicant and the veterinarian.

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

Part I: Veterinarian Information

Name:		
Mailing Address:		
City/Town:	State:	Zip Code:
Telephone Number:	ext.	Fax:

Part II: Rehabilitator Information

Name:		
Mailing Address:		
City/Town:	State:	Zip Code:
Telephone Number:	ext.	Fax:

Part III: Certification

"I certify that I have been contacted by the above Rehabilitator and have agreed, upon their receipt of a Wildlife Custodial Permit, to assist, advise, and/or treat sick or injured wildlife brought to me by the applicant.	
I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute."	
_____ Signature of Veterinarian	_____ Date
_____ Name of Veterinarian (print or type)	

Part IV: Complete This Section For RVS Rehabilitation Only

“As a condition of the **Special Authorization** for the above applicant to handle Rabies Vector Species, I have also agreed to provide euthanasia services upon request.”

I have agreed

I have not agreed

Signature of Veterinarian

Date

Name of Veterinarian (print or type)

Please return this form and any comments to:

Laurie Fortin, Wildlife Division
Department of Environmental Protection
79 Elm Street
Hartford, CT 06106-5127
860-424-3011