

**MAINE DEPARTMENT OF INLAND FISHERIES AND WILDLIFE**

284 State Street, 41 SHS Augusta, ME 04333

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

**Request for Time Extension for Possession of Animal(s) in Care**

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*In accordance with the provisions of 09-137 CMR 7. Chapter 7. Rules for Importation, Possession, Propagation, Rehabilitation, and Exhibition of Wildlife, the following document shall be submitted in order to possess an animal beyond the 6-month time limit of care.*

**Name of facility/permittee:** \_\_\_\_\_  
(Please Print)

**Permit # (State)** \_\_\_\_\_ **(Federal)** \_\_\_\_\_

**Physical Address of facility:** \_\_\_\_\_  
(Street/Apt#) (City/Town) (Zip Code)

**1. Date of request:** \_\_\_\_\_

**2. Request is for what species? List all species included in this request** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Number of individuals of each species included in this request?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Estimated age of individuals included in this request?** \_\_\_\_\_  
\_\_\_\_\_

**5. Please describe the specific situation or reason you are requesting an extension for care:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Proposed date release of subject animals:** \_\_\_\_\_

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**Request for Time Extension - Application Instructions**

*As per 09-137 CMR 7, all rehabilitated wildlife must be released within 6-months of receipt of animal for care and rehabilitation. Use this form to request an extension of care if circumstances arise that require an animal to be kept for longer than the 6-month time limit.*

***This form must be filled out completely. Please use additional sheets if necessary to provide complete responses.***

**Question 1.** This is the date of your actual request for time extension, not the date that you took the animal in for care. You should provide the date you took the animal in for care in your description of circumstances in Question 5.

**Question 2.** Indicate the species covered in this request for an extension of time to provide care. If you have multiple species that require an extension, you can include them in one form or on multiple forms.

**Question 3.** Indicate the number of each species in your possession that is included in this request.

**Question 4.** Indicate the estimated age of each species in this request. If there are multiple ages for a given species, please indicate how many of which age category in your possession to be included in this request.

**Question 5.** Briefly, but thoroughly describe the justification for requesting this time extension for care. Please note, that granting an extension beyond the 6-month normal time limit for care would be uncommon and requires a legitimate justification or extenuating circumstances. Some examples of circumstances where we would grant an extension, include: 1) receiving a nest of flying squirrels removed from an attic in December; 2) you received a racoon with a broken hind leg in late October, and your veterinarian recommended that this animal remain in your care until spring; 3) you receive a young-of-the-year skunk in October that appears severely emaciated and is likely only 2 months old; 4) a snapping turtle with a shell fracture that needs additional time to fully heal. ***\*note: be sure to include the date that you admitted the animal(s) in for care.***

**Question 6.** Indicate your proposed date of release. This date can be flexible or provided as a window, such as middle of May 2021. It is important that you consider weather, normal spring emergence for a given species, habitat requirements, time-of-day, etc...

**Please submit this form:**

Maine Department of Inland Fisheries and Wildlife  
ATTN: Wildlife Rehabilitation  
41 State House Station  
Augusta, ME 04333-0041

or via email to: [Rehab.IFW@maine.gov](mailto:Rehab.IFW@maine.gov)