

MAINE DEPARTMENT OF INLAND FISHERIES AND WILDLIFE

284 State Street, 41 SHS Augusta, ME 04333

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

Facilities Information Form

In accordance with the provisions of the Revised Statutes, Title 12, Section 12152, 3-D. E, 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.

Name of Company/Facility: _____

Name of Owner/Director: _____

1. Which of the following best describes your proposed facility?

- Individual, for permittee only Center Sub-permittee

2. Is the proposed facility on property that you, the applicant owns? Yes or No

If no, you must provide written permission from the property owner that gives specific permission for you to develop facilities and provide rehabilitative care of wild animals.

3. How many staff/volunteers will you employ at your facility? _____

4. What facilities do you currently have in-place or propose for the rehabilitation of wildlife?

Please be specific and provide as much detail as possible, photos of your facilities, and surrounding landscape are recommended to be included with this form. _____

5. Do you have a separate room or area for initial intake? Yes or No

6. Will the public have access to your facility? Yes or No

If yes, please describe what areas of your facility the public can access and what safeguards are in place to limit the housed animal exposure to humans? _____

7. Restricted Activity¹ –means to hold an animal within a space small enough to restrict almost all movement, but to provide enough room for the animal to maintain a normal alert/upright posture and to stretch its body, limbs and tail, but not enough to leap, fly, or run. *Some examples: incubators, veterinary cages, kennel carriers, and other small enclosures.*

Species or Species Category	Cage Size	Number of Each Cage Size	Number of Staff/Volunteers Capable of Handling Each Species	Total Number of Each Species That Can Be Housed at Any Point in Time

¹ For complete explanations of these terms and facilities definitions, please refer to section 3.2 of the Minimum Standards for Wildlife Rehabilitation, 4th edition, 2012, NWRA & IWRC. <https://theiwrc.org/wp-content/uploads/2011/05/Standards-4th-Ed-2012-final.pdf>

8. **Limited Activity**¹ – means a time when the animal’s restricted movement is no longer necessary due to ongoing treatment, but periodic capture and medical treatment may still be necessary. Outdoor caging should provide the opportunity for short flights or walks/runs.

Species or Species Category	Cage Size	Number of Each Cage Size	Number of Staff/Volunteers Capable of Handling Each Species	Total Number of Each Species That Can Be Housed at Any Point in Time

9. **Unlimited Activity/Mobility**¹ –means a housing aimed to allow animals to improve their strength, develop stamina and coordination, restore muscle tone, and acclimate to ambient weather conditions. This category includes large and complex outdoor caging.

Species or Species Category	Cage Size	Number of Each Cage Size	Number of Staff/Volunteers Capable of Handling Each Species	Total Number of Each Species That Can Be Housed at Any Point in Time

10. **Briefly describe your Emergency Plan in case of personal absence (e.g., vacation, illness, etc), facility emergency, excess animals brought in for intake:** _____

11. **Other description/comments about your facility:** _____

12. **For Veterinarians applying for a Wildlife Rehabilitation Permit:**

For the species listed on your application, what type of rehabilitation can you provide?

- Initial (treating immediate problems and releasing with instructions for further treatment to another rehabilitator)
- Extended treatment (care under observation)
- Euthanasia
- Other: _____

MAINE DEPARTMENT OF INLAND FISHERIES AND WILDLIFE

284 State Street, 41 SHS Augusta, ME 04333

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

Facilities Information Sheet - Application Instructions

Applicants for a Wildlife Rehabilitation Permit are required to provide a description of their facilities.

This form must be filled out completely and signed by the applicant.

Question 1: Check the box that applies, **Individual**, applies to a single permittee that intends to operate from their home and/or associated outbuildings. This permit type is still allowed to have volunteers. **Center** applies to a multi-person run facility, with paid staff. **Sub-permittee** applies to a single person that intends to operate from a facility with an approved sub-permittee plan. If you are applying as a sub-permittee you can stop at Question 1.

Question 2: Indicate whether the proposed facilities are located on property you own. If no, then you must provide a written document from the landowner, which gives specific permission for you to develop facilities and provide rehabilitate wild animals.

Question 3: Indicate the number of people that you will employ, or you intend to have assist in rehabilitation activities at your facility.

Question 4: Please describe the facilities you currently have in place or propose to construct prior to being permitted for wildlife rehabilitation. Include as much detail as possible, including photos of existing structures, areas where you propose facilities (caging, housing, etc...), and landscape surrounding your property. Please use additional sheets if necessary. ** note: you do not need to have a completed facility at the time of application, just the proposed plans included in this form. However, prior to you being fully permitted your facility must be complete and inspected by the Department. Additionally, having a completed facility at the time of application does not guarantee that an applicant will be permitted.*

Question 5: Indicate whether you have a space to intake new animals into your facility that is physically or visibly separated from the space intended to house animals in various stages of rehabilitation.

Question 6: Indicate whether the public will have access to your facility. If yes, please thoroughly describe the facilities and context in which the public will have access to your facility. Also, please describe any safeguards you have in place to ensure the animals you are rehabilitating are not continually exposed to human activity.

Questions 7, 8, 9: Please indicate the care and housing space you have or plan to have at your facility for each species you are requesting to rehabilitate. Please provide a thorough description of the facilities and include photographs/diagrams if possible, for evaluation. Feel free to include additional sheets if you need more space to adequately describe your facilities.

Question 10: Please describe your Emergency Plan (the back-up plan for personal absence, facility emergency or shut-down). For full details regarding this plan, refer to Section XII in MDIFW's Administrative Policy J1.14.

Question 11: This section allows you to include any additional information to describe your facility for evaluation to become a wildlife rehabilitator. This may include sanitation measures, carcass disposal protocols, quarantine space and protocols.

Question 12: This section is for veterinarians whom are applying for a permit to provide wildlife rehabilitation services. Please indicate which services you can provide to native wildlife at your facility.

Please submit this form with your Application for Wildlife Rehabilitation and other supporting documents 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

