



Rehabilitator Application

You may use this application if you are an active rehabilitator or would like to become one.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Alt Phone: (____) _____

E-mail: _____

Are you presently licensed to rehabilitate wildlife in NC? _____

If yes, specify permit # and attach copy of permit: _____

Species you specialize in (or would like to):

Average number of animals per year: _____

Restrictions on your services (dates unavailable, part-time basis, etc):

Special needs, wish list items, things that would help you (e.g., more release locations, funds to attend training workshops, etc):

Seminars or training opportunities you would like to attend: _____

Geographic region (if not specified by address above): _____

Would you like to train, or assist with training, new rehabilitators? _____

Other input you would like to provide may be related on back. *Thanks!*

A nonprofit organization providing essential resources that ensure the health & welfare of native wildlife

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