

**Facilities Information Sheet:** *To be submitted with your exam and other supporting materials*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

M.I.

Address: \_\_\_\_\_

Street

P.O. Box

City?Town

*What facilities do you have in place for the rehabilitation of wildlife, and how many individuals can you care for at any given time? Please be specific in providing the number of cages, sizes, and number of each species you are capable of housing. Photos of your facilities are recommended as documentation.*

Restricted<sup>1</sup> Activity \_\_\_\_\_

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Limited<sup>2</sup> Activity

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Unlimited<sup>3</sup> Activity

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2) If you have a federal permit, describe the facilities to be used in the rehabilitation of migratory birds, and the approximate number of birds that can be accommodated at any given time. \_\_\_\_\_

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3) For Veterinarians only: For the species you listed on your application, what type of rehabilitation can you provide?

\_\_\_ Initial (treating immediate problems and releasing with instructions for further treatment to another rehabilitators)

\_\_\_ Extended (hospital/home care for observation)

\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> For explanations of these terms, please refer to sections 3.2.1 to 3.2.3 of the Minimum Standards for Wildlife Rehabilitation, 2000, NWRA & IWRC.