



WILDLIFE REHABILITATION PERMIT WILDLIFE TRANSFER FORM

For the transfer of non-releasable
animals from rehabilitation to education

WILDLIFE REHABILITATOR

Facility Name _____ Permit No. _____ County _____
Contact Name _____ Email _____

INTENDED EDUCATIONAL FACILITY FOR PLACEMENT

Facility Name _____ Permit No. _____ County _____
Contact Name _____ No specific educational facility identified

WILD ANIMAL INFORMATION

Species _____ Date of Intake _____

Reason for Intake _____

Why can't this animal be released to the wild? *(a note from a vet is preferred)* _____

Why is this animal a good candidate for education? _____

Special Circumstances / Additional Notes _____

Please allow a minimum of 10 days for reply.

This form may be reproduced if additional copies are needed.

I certify that this report is complete and accurate.

OFFICE USE ONLY

Date received _____

Approved

Denied

Notification Sent (date) _____

SIGNATURE

DATE

SUBMIT THIS FORM TO:

ODNR Division of Wildlife, Attn: Permit-Rehabilitation, 2045 Morse Road, Bldg. G-3, Columbus, Ohio 43229-6693
email: wildlife.permits@dnr.state.oh.us