State of Wisconsin Department of Natural Resources 2514 Morse Street, Janesville, WI 53545 dnr.wi.gov

Falconry Facilities and Equipment Inspection Report

Form 1700-074 (R 10/22)

Notice: Pursuant to s. 169.37, Wis. Stats and ch. NR 18, Wis. Adm. Code, this inspection report must be completed by the Department of Natural Resources (DNR) staff inspecting the Falconry Facilities and Equipment for a falconry permit applicant. This inspection must take place prior to a permit being issued. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Public Records Law (ss. 19.31 - 19.39, Wis. Stats.).

Falconry Applicant or Permittee Information			
Name			
Address	City	State	ZIP Code
Facility Address (if different)	City	State	ZIP Code
Dawrittee Tures Cheek only one			
Permittee Type: Check only one			
New Applicant Existing Permit Number			
Reason for Inspection: Check all that apply New Applicant Inspection Re-Inspection of Inadequate	Facilities		
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Additional Facilities New Facility Location Facility and Equipment Operating Standards			
NR 18.07(2) FACILITIES; EQUIPMENT: The applicant shall provide and m following standards to ensure the health and safety of the raptor or raptors: (a) Facilities. Raptor housing facilities whether indoors or outdoors shall predators and undue disturbance and shall include either: 1. Indoor facilities (mews) 2. Outdoor facilities (weathering areas) 3. A single facility meeting the requirements of both subds. 1. and 2. may	be maintained in a clean state and protected		
Part I - Facilities			
A. MEWS (Indoor Facility)			
Space to allow easy access and maintenance		○ Yes	s O No
2. Space to allow raptor(s) to fully extend wings		○ Yes	s O No
3. At least one window provided		○ Yes	s O No
4. Each window with vertical bars/rods on inside spaced narrower	than the width of the bird's head	○ Yes	s O No
5. At least one secure door - can be easily closed		O Yes	s O No
6. Floor surface dry or well drained - can be easily cleaned		○ Yes	s No
7. One adequate perch for each raptor		○ Yes	s O No
B. Weathering Area (Outdoor Facilities)			
1. Space to allow tethered raptor(s) to bate (attempted flight) without	out striking wings on side or top of facility	O Yes	s O No
2. Sides of facility fenced with suitable material to exclude predato	ors	O Yes	s O No
3. Top of facility covered with netting, wire, or roofed to exclude pr	redators	O Yes	s O No
4. One adequate perch for each raptor		○ Yes	s No
C. Environmental Protection			
The facilities, singly or in combination, provide adequate protection	n to the raptor(s) from:		
Excessive heat and sun		O Yes	s O No
2. High winds and winter storms		O Yes	s O No
3. Avian and ground predators		○ Yes	s No
Disturbance which would likely cause injury		() Yes	s () No

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Part II - Equipment

A. Raptor Equipment		
 One pair of Alymeri jesses or similar type for each raptor. (An Alymeri jess consists of an anklet, grommet, and a removable strap for attaching the anklet and grommet to the swivel.) 	○ Yes	○ No
One strong swivel of an acceptable falconry design for each raptor. (Dogleash/fishing snap-swivels, and swivels with soft copper/aluminum rivets are rarely acceptable except for use on kestrels.)	○ Yes	○ No
3. One flexible weather-resistant leash for each raptor	○ Yes	○ No
B. Required Ancillary Equipment		
1. One bath container, 2 to 6 inches deep and wider than length of the raptor for each bird	○ Yes	○ No
One outdoor perch of an acceptable design for each raptor	○ Yes	○ No
3. A reliable weighing scale or balance graduated in increments of not more than 1/2 ounce (15 grams)	O Yes	○ No
Select Applicable Option: APPROVED PROVISIONAL APPROVAL Except as indicated below, facilities and equipment meet State Standards. Applicant agrees to within 30 days. NOT APPROVED DEFICIENCIES:	correct all defi	ciencies
Inspector's Name		
Inspector's Signature Date		
I agree to correct deficiencies, if any, within 30 days and to maintain facilities/equipment at or above State	Standards per	18.07 (2)(c).
Applicant's Name		
Applicant's Signature Date		
Inspector Comments		