

Notice: Under NR. 19.73, Wis. Adm. Code, each new Applicant for a Wildlife Rehabilitator license is required to enter into an agreement with an Advanced Wildlife Rehabilitator who is also an approved Sponsor. This agreement is a required attachment to apply for a wildlife rehabilitation license under s. 169.24, Wis. Stats. and subchapter II of NR 19, Wis. Adm. Code. A license is required for wildlife rehabilitation. Information collected will be used for license administration and enforcement purposes and may be provided to requesters as required by Wisconsin's Open Records law [ss. 19.31 - 19.39, Wis. Stats.].

Instructions

- Applicant and Sponsor: Complete, sign and date the agreement.
- Make copies of the agreement for the applicant and Sponsor records.
- Attach original completed Wildlife Rehabilitation Sponsor Agreement to the Wildlife Rehabilitation License application.
- Submit to the Department at the above address.

Parties to the Agreement

Applicant Name			
Sponsor Name		License Number	
Sponsor Street Address		Sponsor Facility Address	
City		State	ZIP Code
Telephone Number		E-Mail Address	

Will the majority of rehabilitation activities take place at the Applicant's or the Sponsor's facility?

What is the distance between the Sponsor's and the Applicant's facilities?

Advanced License Sponsor Services & Expertise

General

Check all categories that the Sponsor is able to provide guidance and assistance with

- | | | |
|--|---|---|
| <input type="checkbox"/> Identification of Species | <input type="checkbox"/> Habitat Assessment | <input type="checkbox"/> Capture/Transport |
| <input type="checkbox"/> Natural History and Ecology | <input type="checkbox"/> Behavioral Standards | <input type="checkbox"/> Infant Care |
| <input type="checkbox"/> Proper Handling Technique | <input type="checkbox"/> Anatomy and Physiology | <input type="checkbox"/> Pre-release Conditioning |
| <input type="checkbox"/> Proper Socialization | <input type="checkbox"/> Imprint Avoidance/Human Influences | <input type="checkbox"/> Release Sites |
| <input type="checkbox"/> Species Diets & Nutrition | | |

Species Information

Check all wildlife groups the Applicant will have opportunity to gain experience rehabilitating:

- | | | |
|---|---|--|
| <input type="checkbox"/> Opossum | <input type="checkbox"/> Reptile | <input type="checkbox"/> Other Waterbirds |
| <input type="checkbox"/> Insectivore Mammal | <input type="checkbox"/> Amphibian | <input type="checkbox"/> Eagle |
| <input type="checkbox"/> Rodent/Rabbit | <input type="checkbox"/> Passerine | <input type="checkbox"/> Raptor |
| <input type="checkbox"/> Large Carnivore (wolf, bear, coyote) | <input type="checkbox"/> Waterfowl | <input type="checkbox"/> Upland Bird |
| <input type="checkbox"/> Raccoon | <input type="checkbox"/> Short-legged Wader | <input type="checkbox"/> Other birds, specify: _____ |
| <input type="checkbox"/> Other Carnivore | <input type="checkbox"/> Long-legged Wader | |
| <input type="checkbox"/> Hoofed | | |

Veterinary

Check all categories with which the Sponsor is able to provide guidance and assistance:

- | | | |
|--|---|---|
| <input type="checkbox"/> Physical Examination | <input type="checkbox"/> Initial Diagnosis | <input type="checkbox"/> Initial Care and Treatment |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Shock | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Hypothermia | <input type="checkbox"/> Hyperthermia | <input type="checkbox"/> Fluid Therapy |
| <input type="checkbox"/> Drug Recognition and Use | <input type="checkbox"/> Drug Dosages | <input type="checkbox"/> Administer Medication |
| <input type="checkbox"/> Medical Math | <input type="checkbox"/> Long Term Care | <input type="checkbox"/> Monitoring Progress |
| <input type="checkbox"/> Zoonotic Recognition | <input type="checkbox"/> Epizootic Recognition | <input type="checkbox"/> Carcass Disposal |
| <input type="checkbox"/> Quality of Life | <input type="checkbox"/> Euthanasia | <input type="checkbox"/> Biological Waste Disposal |
| <input type="checkbox"/> Equipment and Supplies | <input type="checkbox"/> Veterinary Prescribed Treatment and Follow-up Care | |
| <input type="checkbox"/> Vet Diagnostic Procedures | <input type="checkbox"/> Disease/Parasite Management and Prevention | |

Husbandry

Check all categories with which the Sponsor is able to provide guidance and assistance:

- | | | |
|--|---|--|
| <input type="checkbox"/> Orphan Care | <input type="checkbox"/> Formulas | <input type="checkbox"/> Fostering |
| <input type="checkbox"/> Equipment and Supplies | <input type="checkbox"/> Cage Designs | <input type="checkbox"/> Cage Building Materials |
| <input type="checkbox"/> Temporary Confinement Cages | <input type="checkbox"/> Recovery Cages | <input type="checkbox"/> Pre-release Cages |
| <input type="checkbox"/> Isolation Cages | <input type="checkbox"/> Capture/Transport | <input type="checkbox"/> Release Criteria |
| <input type="checkbox"/> Observation Skills | <input type="checkbox"/> Cleaning/Disinfecting | <input type="checkbox"/> Feeding Schedules |
| <input type="checkbox"/> Proper Hygiene | <input type="checkbox"/> Enhancement Materials (perches, hiding places, etc.) | |

Office/Clerical

Check all categories with which the Sponsor is able to provide guidance and assistance:

- | | | |
|---|---|--|
| <input type="checkbox"/> Human & Wildlife Safety Issues | <input type="checkbox"/> Veterinary Agreement/ Relationship Protocols | <input type="checkbox"/> Scheduling Duties |
| <input type="checkbox"/> In-house Protocols | <input type="checkbox"/> Patient Forms | <input type="checkbox"/> Public Communication |
| <input type="checkbox"/> Public Education Programs | <input type="checkbox"/> Wildlife Rehabilitation Training | <input type="checkbox"/> Professional Networking |
| <input type="checkbox"/> Record Keeping | | |

Other Comments

Signature

I agree to act as the wildlife rehabilitation Sponsor and provide training to the Applicant as outlined in NR 19.81.

Sponsor Signature	Date
Basic Applicant Signature	Date