

Notice: Under Subchapter II of NR 19, Wis. Adm. Code, advanced Wildlife Rehabilitator license holders are required to provide information specified on this form to request designation as a sponsor. Advanced licensees may volunteer to sponsor or provide consultation and advice to basic licensees. 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.].

Sponsor Requirements

1. Possess an advanced Wildlife Rehabilitation License from the Wisconsin Department of Natural Resources.
2. Have experience rehabilitating the wildlife which the basic licensee is authorized to possess.
3. Submit this completed request to the department at the above address. It will be reviewed by the Wildlife Rehabilitation Advisory Committee.

Sponsor Applicant Information

Name		Telephone Number	
Street Address			
City		State	ZIP Code
License Number	Expiration Date	Federal Permit Number	Expiration Date

Sponsor Services & Expertise

General

Check all categories with which you are able to provide guidance and assistance:

- | | | |
|--|---|---|
| <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 you have 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 | | |

**Wildlife Rehabilitation
Sponsor Designation Request**

Form 2300-300 (R 3/04)

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Veterinary

Check all categories with which you are 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 you are 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 you are able to provide guidance and assistance:

- | | | |
|--|---|--|
| <input type="checkbox"/> Human & Wildlife Safety | <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:

Certification

I request designation as a Wildlife Rehabilitation sponsor. I volunteer to sponsor or provide consultation and advice to basic licensees for species authorized. Information provided is true and correct under penalty of law.

Advanced Licensee Signature

Date