



STATEMENT OF VETERINARIAN SUPPORT

To The Veterinarian:

This form is part of an application packet for a Wildlife Rehabilitation Permit. It is designed to show only that the prospective applicant or those permittees seeking renewal have veterinary services available. However, this form in no way commits or obligates the veterinarian in any manner. The State of Maryland assumes no financial responsibility, and all financial matters are strictly between the applicant and the veterinarian.

This is to testify that I have been contacted by _____

and have agreed, upon their receipt of a Wildlife Rehabilitation Permit to assist, advise, and/or treat sick or injured wildlife brought to me by the applicant.

Signed _____

Date _____

Name (Please print) _____

Address _____

Phone _____

Please feel free to comment on the applicant's suitability as a wildlife rehabilitator. Any comments will remain confidential as part of the applicant's packet. Please return this form and any comments to:

Permits Coordinator
Attn: Connie Roberts
Maryland Department of Natural Resources
580 Taylor Avenue. E-1
Annapolis MD 21401
Phone: (410) 260-8540