

**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