

SIGNED STATEMENT FROM VETERINARIAN (DVM)

I have a working relationship with the above named rehabilitator and will be available to provide professional assistance in the rehabilitation of wildlife.

Name of Veterinarian (please print full name and then sign)

Signature of Veterinarian

Address (Street, City, State, ZIP Code, and Phone Number)

Phone Number

Veterinary signature is REQUIRED for all Cat II and Cat III