

WILDLIFE REHABILITATION CONSULTING VETERINARIAN AGREEMENT

Applicants for a wildlife rehabilitation permit under Section 481A.65 of the Code of Iowa and under Chapter 571.111 of the Iowa Administrative Code are required to enter into an agreement with a consulting veterinarian to meet permit requirements. Information collected in this agreement will be used for permit administration and enforcement purposes.

Note for Consulting Veterinarian: If providing care to an animal for more than 48 hours or past initial stabilization, a Wildlife Rehab Permit is required.

Instructions

- Applicant and Consulting Veterinarian complete, sign and date the agreement.
- Make copies of the agreement for applicant and Consulting Veterinarian records.
- Attach original Consulting Veterinarian Agreement to license application.

Parties to the Agreement

Applicant Name: _____
Consulting Veterinarian Name: _____ License Number: _____
Clinic Name: _____
Clinic Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Veterinary Services Information

Check all services you are willing to provide on a case-by-case basis for the Applicant.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Physical Exam | <input type="checkbox"/> Initial Stabilization | <input type="checkbox"/> Parasitology | <input type="checkbox"/> Prescription Writing |
| <input type="checkbox"/> Initial Diagnosis | <input type="checkbox"/> Bacteriology | <input type="checkbox"/> Fracture Stabilization /Bandaging | <input type="checkbox"/> Dispense Medication |
| <input type="checkbox"/> Follow-up Exams | <input type="checkbox"/> Radiology | <input type="checkbox"/> Carcass Disposal | <input type="checkbox"/> Administer Medication |
| <input type="checkbox"/> Clinical Pathology | <input type="checkbox"/> Suturing | <input type="checkbox"/> Biological Waste Disposal | <input type="checkbox"/> Controlled Drugs |
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Necropsy | <input type="checkbox"/> Rehabilitation Facility Visits | |
| <input type="checkbox"/> Euthanasia | <input type="checkbox"/> Training | <input type="checkbox"/> Other _____ | |

Species: Check all species categories for which you are willing to provide service and consultation.

- Mammals
- Birds
- Amphibians
- Reptiles

What, if any, species will you NOT handle?

Facilities

Does your clinic have the facilities to treat wildlife with reasonable isolation from normal clinic activities and patients?

Yes No

Briefly describe the facilities available for holding wildlife while in your clinic.

Consulting Veterinarian Review & Agreement

General Operating Standards for Wildlife Rehabilitation activities are specified in Section 481A.65 of the Code of Iowa and under Chapter 571.111 of the Iowa Administrative Code. Prior to engaging in wildlife rehabilitation activities, protocols for disease prevention and transmission, euthanasia, pharmaceutical use, pest control, carcass and biological waste disposal and adequate veterinary care shall be established by the licensee and reviewed and signed by licensee's consulting veterinarian.

I have reviewed and approved the applicant's wildlife rehabilitation operating standards.

I further agree to act as the Consulting Veterinarian and provide veterinary assistance for wildlife cared for by the wildlife rehabilitation license Applicant.

Veterinarian Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Note: Completion of this form does NOT authorize the consulting veterinarian to act as a licensed wildlife rehabilitator.