



A permittee, their designee, and sub-permittee(s) shall maintain a Veterinarian of Record Agreement signed by a veterinarian, currently licensed by the State of California, who agrees to provide and/or direct veterinary treatment for rehabilitation animals pursuant to Section 679.3, Title 14, California Code of Regulations (CCR). A licensed veterinarian may provide veterinarian services at their sole discretion. A permittee, their designee, sub-permittee, and any personnel supervised by such a person shall adhere to the standing orders, and approved treatment for the routine medical care of a rehabilitation animal, provided by a veterinarian of record. A veterinarian of record agreement may be terminated at any time, and for any reason, by either party.

TYPE OR PRINT CLEARLY.

SECTION 1. Applicant* Information

First Name	M.I.	Last Name	Date of Birth	GO ID #
Mailing Address	City		State	Zip Code
Primary Telephone	Secondary Telephone		Email Address	
Facility Name				County
Physical Address		City		Zip Code
Facility Telephone	Facility Email Address		Facility Website	

SECTION 2. Veterinarian of Record** Information

First Name	M.I.	Last Name	Veterinarian license #	Expiration Date
Primary Telephone	Email Address		Employer Name	
Physical Address	City		County	Zip Code

SECTION 3. Acknowledgement of Responsibilities (Both Parties Initial)

Maintain schedule of availability for the licensed veterinarian listed as the veterinarian of record.	*	**
Provide required records to the licensed veterinarian to make informed assessment of a rehabilitation animal.	*	**
Rely on licensed veterinarian to best address the administration of medication and veterinary treatment.	*	**
Adhere to the standing orders of a licensed veterinarian for prescribed medication and veterinary treatment.	*	**
Rely on wildlife rehabilitator to best address humane care and husbandry needs of a rehabilitation animal.	*	**
Provide standing orders to the wildlife rehabilitator for medication use and routine veterinary treatment(s).	*	**
Administer, store, track, and dispose of medications, including controlled drugs, in accordance with all laws.	*	**
Ethical consideration of animal welfare and natural history of the species when providing any treatment.	*	**
The purpose of providing care or treatment is to restore a rehabilitation animal to a condition of good health for its release to the wild.	*	**

SECTION 4. Veterinarian Services (Check all that Apply)

Physical examinations		Surgical Procedures		Humane Euthanasia	
Screening / Preventative Care		Prescribe Medication		Necropsy	
Diagnostic Services		Administer Medication		Carcass Disposal	
Certification of Non-Releasability		Dispose Medication		Other: _____	
Taxa or species not able to handle:					
Taxa or species specially trained to handle:					

SECTION 5. Acknowledgement and Signature

With accordance to [California Civil Code §1633.5\(b\)](#), I acknowledge that by providing my electronic signature for this form, I agree that my electronic signature is legal binding equivalent to a handwritten signature. I hereby confirm that my electronic signature represents my execution or authentication of this form, and my intent to be bound by it.

I certify that:

- ☐ I agree to abide by all conditions of the permit, the applicable provisions of the Fish and Game Code, and the regulations promulgated thereto. I understand that wildlife remains the property of the State and is subject to control by the State.
- ☐ I affirm and attest under penalty of perjury that the information provided in this application and any additional information that may be provided to the Department related to this application is true and accurate to the best of my knowledge. I understand that any false statement herein may subject me to cancellation of the application, suspension or revocation of my permit, and/or administrative, civil, or criminal penalties.

Permittee/Designee Signature:	Print Name:	Date:
Veterinarian of Record Signature:	Print Name:	Date: