State of California – Department of Fish Wildlife
CERTIFICATION OF REHABILITATION ANIMAL CONDITION
DFW 487 (NEW 08/01/25) Page **1 of 1**

SAVE PRINT CLEAR

A permittee, their designee, or sub-permittee may request for approval and permanent placement by the department of a rehabilitation animal that they consider to be unsuitable for release to the wild, and a potential candidate for permanent captive placement (e.g., educational ambassador animal). The department will make a final determination, based on the conditions required to protect the welfare of the animal, native wildlife, human health, and human safety, and notify the requestor in writing within 15 calendar days of receiving all required information. Attach additional documentation, as appropriate.

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

SECTION 2. Examined By Information

First Name	M.I.	Last Name	Veterinarian / Technician License # (if applicable)

Date of Exam	Facility / Clinic Name	Facility / Clinic Website

Physical Address of Exam	City	Zip Code	County

Primary Telephone	Secondary Telephone	Email Address

SECTION 3. Animal Information

Common Name / Species Name	Patient Identification #	Microchip/Other Identifier (if applicable)	Sex

Age / Age Class	Current Weight	Intake Date	Reason for Intake

Check all that apply:

☐ X-Rays included ☐ Animal Patient Record included ☐ Diagnostic Report included ☐ Other Record(s) included

3A. Animal Condition (Check all that apply)

☐ Amputated limb, foot, wing (at/above humero-ulnar joint)	☐ Permanent spinal injury, paralysis, or paresis
☐ Permanent visual impairment (one or both eyes)	☐ Permanent inability to survive in the wild (e.g., hunt, fly)
☐ Permanent damage to skin, scales, scute, fur, feathers	☐ Permanent inability to display natural life history behaviors

Briefly Describe

3B. Humane Care Requirements (Check all that apply)

☐ Requires Medication (temporary)	☐ Requires Medication (long-term)
☐ Requires Medical Treatment (temporary)	☐ Requires Medical Treatment (long-term)
☐ Requires Enclosure Modifications	☐ Requires Special Diet / Modified Feeding
☐ Must Be Housed with Other Animals (social)	☐ Must Be Housed Alone (solitary)

Briefly Describe

Optional: Requesting Placement At

SECTION 4. 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 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 or license, and/or administrative, civil, or criminal penalties.

Applicant Signature:	Print Name:	Date:

Examined By Signature:	Print Name:	Date:

SECTION 5. Department Determination [Official Use Only]

☐ Deny – Humane Euthanasia	☐ Deny – Release to the Wild
☐ Deny – Move to Other Wildlife Rehabilitation Facility	☐ Deny – Other: _____
☐ Approve – Permanent Placement	☐ Approve – Conditional Placement

Terms and Conditions

Department Official Signature:	Print Name:	Date: