

WILDLIFE REHABILITATION Acquisition Request Form



NEW MEXICO DEPARTMENT OF GAME & FISH
LE FIELD OPERATIONS DIVISION
SPECIAL USE PERMITS PROGRAM
ONE WILDLIFE WAY
SANTA FE, NM 87507
Email: DGF.Permits@dgf.nm.gov

Make copies as needed
Only one animal per page
This form may be emailed

FOR DEPT. USE ONLY
Date _____/_____/_____
Initials _____

NAME		EMAIL	
BUSINESS NAME		WEBSITE	
ADDRESS (mailing)		ADDRESS (physical)	
CITY, STATE, ZIP			
TELEPHONE (Cell)		(Home)	

Written approval from the department is required prior to any transfer, release or extension of any state protected species. Please allow at least two weeks for the department to process this request, follow-up with a phone call for urgencies.

Animal ID#	Species	Sex (M/F or Unknown)	Approximate Age	Other Identifiers (tag#)
Date Acquired	From (Person, Agency)	From (City or County)	Location or Area Description	

DISPOSITION INFORMATION				
Transfer To <small>For non-releasable, please include a letter from the Veterinarian</small>		Reason for Transfer or Extension	Release Info	
Contact Name			Release Date	
Business Name			City or County	
Address			Location of Release area	
City, ST, Zip				
Telephone / Fax				
Email / Website			Person(s) Releasing Animal	
Permit # & Type				