**Statement of Support from Licensed Veterinarian (D.V.M.)**

In reference to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
                                             Applicant's Name

I am personally acquainted with the above named applicant for a State wildlife rehabilitation permit and am familiar with his/her intended activities related to wildlife rehabilitation.

I hereby agree to provide consultation and medical services for wildlife upon request of the applicant and subject to my professional judgment.

I understand that I am under no obligation to provide free services; nor am I to be held responsible for the actions, judgment, or conduct of this applicant. This statement does not imply an endorsement of this applicant.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant: Please submit this form with your exam and other supporting materials.