

# Rabies Vector Species Acceptance Interview

## Appendix J

For more information on this license visit [www.dec.ny.gov/permits/25027.html](http://www.dec.ny.gov/permits/25027.html)

### 1. ANIMALS ACCEPTED

<b>date</b>		<b>time</b>		<b>RSV species accepted</b>	
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<b>number of animals accepted at this time</b>			male	female
	juvenile			
	adult			

### 2. PERSON REQUESTING REHABILITATION

<b>name</b>	_____			<b>date of birth</b>	_____
<b>address</b>	Last	First	M.I.	MM / DD /YYYY	
	Street Address		Apartment/Unit	City	
<b>phone</b>	County			State	Zip Code
	( _____ ) _____ - _____	<b>email</b> _____			

### 3. CIRCUMSTANCE OF CAPTURE

<b>details of circumstance of capture collection, need for rehabilitation</b>	
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### 4. POINT OF CAPTURE

<b>exact location of point of capture of first encounter with this animal</b>	_____	
	Town or City	County
	_____ and /or	
	Street Address	
	_____	
	Route or road and distance to nearest intersection	

**5. CONTACT WITH RSV**

Has there been any possible human or domestic animal physical contact with the RVS?  
If **YES**, call the local county health department office

Yes  No

give details including names, address and telephone numbers

**6. RABIES OR CNS DISORDER**

Is the RVS exhibiting signs of CNS disorder or signs or rabies suspect behavior?  
If **YES**, the animal must be immediately euthanized and call the local County Health Department Office

Yes  No

describe behavior

**7. HEALTH DEPARTMENT**

Was the Health Department informed?

Yes  No

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Officials Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

**8. VETERINARIAN**

Was the Veterinarian consulted?

Yes  No

\_\_\_\_\_  
Veterinarian Name

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Telephone Number

**9. FORM COMPLETION**

this form was completed by

\_\_\_\_\_  
Rehabilitator's Name (Printed)

\_\_\_\_\_  
Rehabilitator's Signature

\_\_\_\_\_  
License Number of Rehabilitator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

**MAIL YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENT(S) TO:**

NYS Department of Environmental Conservation  
Special Licenses Unit · 5th Floor  
625 Broadway · Albany, New York 12233

For questions or concerns, please contact us  
Phone: (518) 402-8985 · Fax: (518) 402-8925  
Email: [SpecialLicenses@dec.ny.gov](mailto:SpecialLicenses@dec.ny.gov)  
Website: [www.dec.ny.gov/63.html](http://www.dec.ny.gov/63.html)