

# WILDLIFE REHABILITATION Acquisition Request Form



NEW MEXICO DEPARTMENT OF GAME & FISH  
FIELD OPERATIONS DIVISION  
SPECIAL USE PERMITS PROGRAM  
P.O. BOX 25112  
SANTA FE, NM 87504  
505-476-8064 / Fax 505-476-8133  
Email: [DGF.Permits@state.nm.us](mailto:DGF.Permits@state.nm.us)

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

**FOR DEPT. USE ONLY**  
Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Initials \_\_\_\_\_

<b>NAME</b>		<b>EMAIL</b>	
<b>BUSINESS NAME</b>		<b>WEBSITE</b>	
<b>ADDRESS</b> (mailing)		<b>ADDRESS</b> (physical)	
<b>CITY, STATE, ZIP</b>			
<b>TELEPHONE</b> (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				