

George Latimer, Westchester County Executive

## Rabies Vector Species (RVS) Wildlife Rehabilitator Registration Form

Instructions: Please **print in black ink or type**. A completed and notarized form, with all indicated attachments is required for registration.

Name:		
Name: last	first	middle
Street Address:		
Mailing Address:		
Telephone:		
business	home	pager
	e*#:	
*A copy of your completed application	ation and license to rehabilitate RVS	must be attached.
	RVS facility where RVS will be reha	
Person operating RVS facility:		
Name:		
Address:		
Telephone:		
	Cooperating Veterinarian***:	
Name:		
Address:		
Telephone:		
***letter of agreement from veteri		

Rabies pre-exposure vaccination****Date administered	
Type of vaccine administered:	
Date and Lot# used:	
Doctor administering vaccine:	
Name:	
Address:	
Telephone:	
Serology: Date blood drawn	Rabies titer
****Copies of lab and MD reports must be attached.	
Name, telephone, address and DEC license # of all assista are directly supervised by me. All persons will be required form with the county in order to participate in the rehabilitat	to submit a separate RVS registration
Name Telephone # Address	DEC License #

I have received and read the Westchester County Department of Health RVS rehabilitation protocol and its attachments.

I agree to rehabilitate RVS according to the mandates set forth by the New York State Department of Environmental Conservation, New York State Department of Health, New York State Department of Agriculture and Markets, Westchester County Department of Health, and any other applicable laws, rules, and regulations.

I agree to abide by all the directives of the Westchester County Department of Health concerning the rehabilitation of RVS and the suppression of rabies in Westchester County.

I understand that at no time may bats be rehabilitated in Westchester County.

I understand that I am fully liable for any adverse consequences as a result of my activities in the rehabilitation of RVS.

I understand that permission to rehabilitate RVS in Westchester County may be rescinded by the Westchester County Department of Health.

I do hereby testify that the above information is true and accurate.

Date	Signature		
	Print Name		
Notarization:			
0.000			
Office Use Only: Received by	Dat	e	
Approved by		Date	
	oner of Health)		
	DEPARTMENT	T OF HEALTH	
	Sherlita Amler, M	D, Commissioner	