



Permit Application to Rehabilitate Native Reptiles & Amphibians in South Carolina

INSTRUCTIONS AND INFORMATION: (See Page 2 for initial permit conditions)

1. Complete form with all information requested. Incomplete forms will not be processed.
2. Applicant must have adequate facilities to properly rehabilitate reptiles/amphibians, with the intent of being release back into the wild. Inside facilities must remain separate from living quarters so as to limit human habituation (see page 2 for more detailed info).
3. The Department of Natural Resources (Department) will make the final determination on the suitability of the applicant and the applicant's facility to possess reptiles/amphibians for rehabilitation. This may include consultation with local DNR staff, local authorities, and/or personal background checks for previous animal/wildlife violations or cruelty to animal charges.
4. Prior to the issuance of the permit, applicant must make facility available for inspection by DNR.
5. The Department reserves the right to revoke this permit at its discretion.
6. Return completed application to: **SCDNR Wildlife Permitting, PO Box 167, Columbia, SC 29202** or email to herps@dnr.sc.gov
7. For questions about permitting call 803-734-3887 or email wildlifepermittng@dnr.sc.gov

Date: _____ **County** _____

Name: _____ **Email:** _____

Facility Name: _____

Address: _____

City: _____ **State:** ____ **Zip Code:** _____

Home Phone: _____ **Cell phone:** _____

Will you have assistants working under your permit?

Yes No

If yes, you must complete page 3 of this application listing any and all assistants.

Physical location where reptiles/amphibians will be held (if different from address above):

Briefly describe the facilities where reptiles/amphibians will be held *and attach photographs of the areas where reptiles/amphibians will be housed or kept with this application (photographs must accompany this application):*

Describe your rehabilitation experience (attach additional pages if necessary):

Briefly describe your technique(s) for releasing back to the wild (attach additional pages if necessary):

List any previous wildlife-related or any animal-related violations (attach additional pages if necessary):

Please list references of people that are familiar with your rehabilitation qualifications and experience

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

You must list a licensed veterinarian willing to treat or provide consultation regarding rehabilitation of reptiles/amphibians. A signed letter from the veterinarian must accompany this application.

Veterinarian: _____

Address: _____

City _____

Phone: _____

Applicant's Signature: _____

By signing this application, I consent to having my rehabilitation facilities inspected, and I acknowledge that I have read and fully understand the terms of this application.



1. The Department may inspect, at reasonable hours, the facilities of any rehabilitation permit holder or listed assistant where reptiles/amphibians are being housed or kept.
2. A reptile/amphibian rehabilitation permittee must keep accurate records of reptiles/amphibians brought in to, released from, or euthanized by the permit holder's facility on forms provided by or approved by the Department and supplied upon request.
3. Applicant must comply with the permit conditions. Failure to comply will cause permit revocation. Any assistants working with a permittee must comply with all permit conditions and be listed on the permit. Permittee is responsible for the actions of any listed assistant.
4. The Department reserves the right to revoke this permit at its discretion, for any reason.
5. Cages or holding pens must be kept clean and sanitary, so as to prevent accumulation of excrement.
6. Animals suspected of having an infectious disease must be quarantined away from other animals.
7. Keep animals separate from human living quarters and activities unless intensive care is required.
8. Reptiles/amphibians must be housed in enclosures that are structurally sound, of sufficient strength, kept in good repair to prevent escape or injury, and allow sufficient space.
9. Feed must be free of contamination and appropriate and adequate to meet the nutritional needs of the animals being held for rehabilitation.
10. Food containers and receptacles must be appropriately sized, easily accessible, kept sanitary and safe.
11. Animals must be provided fresh, clean water unless medically necessary otherwise.
12. If small holding tubs, containers, or cages are being used to house neonates and injured reptiles/amphibians, remove and dispose of food wastes, feces, urine, and bedding daily to maintain sanitary conditions and to protect animal and human health.
13. Trash, garbage, debris and any carcasses must be removed from the cages and enclosures as soon as they are observed.
14. Sanitize cages, rooms, hard surfaced pens, equipment, and food and water receptacles between each different groups of reptiles/amphibians to prevent disease transmission.
15. Permitted reptile/amphibian rehabilitators must have and maintain a licensed veterinarian willing to provide treatment or consultation services regarding the rehabilitation of permitted reptiles/amphibians. Failure to maintain a relationship with a licensed veterinarian is cause for permit revocation. The Department must be notified of any change veterinary relationship status.
16. Diseased reptiles/amphibians must be euthanized if treatment is unlikely to sustain life or could cause disease transmission to other animals being held at the permittee's facility.
17. Any permitted reptile/amphibian rehabilitator or rehabilitator's assistant providing false, misleading, or fraudulent information to the Department or any Departmental employee is subject to immediate permit suspension or revocation.
18. The Department may modify these permit conditions at its discretion.
19. The Department reserves the right to place seized wildlife in another facility or rehabilitator, at its discretion, and is under no obligation to disclose this location to the previous custodian of the seized wildlife.
20. An annual report of all reptile/amphibian rehabilitation activities is required on forms provided by or approved by the Department. No additional permits will be issued until a complete and accurate report is filed with the Department. Unless otherwise specified, annual reports are due January 31 of each year.
21. Permittee must comply with all city and county laws and regulations related to possessing wildlife where reptiles/amphibians are being held by the permittee.
22. Reptiles/amphibians may only be released on property where the permittee has permission from the landowner, or the landowner's agent or property manager. Reptiles/amphibians cannot be released on public property without permission of the management authority of the public land where the reptiles/amphibians are being released.
23. Reptiles/amphibians may not be exported from South Carolina under a reptile/amphibian rehabilitation permit.



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List of Assistants and their responsibilities

List all assistants that will be assisting the permittee with rehabilitation of reptiles/amphibians. Each permittee is responsible for the actions of all of their listed assistants. Assistants must comply with all permit conditions.

Applicant:

Facility:

Name: _____ **Address:** _____

City: _____ **State:** _____ **Zip Code:** _____ **Phone:** _____

On-site (permitted facility only) Rehabilitation off-site Pre-release

By signing here, I agree to comply with the permit conditions ----> **X**

Name: _____ **Address:** _____

City: _____ **State:** _____ **Zip Code:** _____ **Phone:** _____

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By signing here, I agree to comply with the permit conditions ----> **X**

Name: _____ **Address:** _____

City: _____ **State:** _____ **Zip Code:** _____ **Phone:** _____

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City: _____ **State:** _____ **Zip Code:** _____ **Phone:** _____

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By signing here, I agree to comply with the permit conditions ----> **X**



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You must list a licensed veterinarian willing to treat or provide consultation regarding rehabilitation of reptiles/amphibians. This page or a similar signed letter from a South Carolina licensed veterinarian must accompany this application.

Applicant: _____

Facility: _____

Name of Veterinary Practice: _____
(If applicable)

Veterinarian's Name: _____

Address: _____

City: _____ **State:** ____ **Zip Code:** _____

Phone: _____

By signing this form, you or your veterinary practice are agreeing to provide treatment and/or consultation services regarding the care or rehabilitation of native reptiles & amphibians temporarily in possession of a permitted reptile/amphibian rehabilitator in South Carolina.

- You are not responsible for the actions of any reptile/amphibian rehabilitator as a result of this cooperative relationship.
- You are under no obligation to provide on-site treatment for any reptile/amphibian at the permittee's facility.
- You are under no obligation to provide *pro bono* services.
- Any hands-on or in-person treatment is done solely at your discretion and at a location and time of your choosing.
- At a minimum, you agree to provide, prescribe, or recommend medication or euthanasia as deemed necessary. In addition you agree to provide consultation about the rehabilitative care, course of care, or other treatment of reptiles/amphibians with the permit applicant named on this form under any terms you and the applicant have agreed to.
- Please notify the Department of Natural Resources' Wildlife Permitting Program regarding any questions or change in the relationship status with the permit applicant.

Date

Licensed Veterinarian's Signature

South Carolina Department of Natural Resources
 Wildlife Permitting Program
 PO Box 167
 Columbia, SC 29202
 803-734-3887
WildlifePermitting@dnr.sc.gov