

1. I have received and read the Westchester County Department of Health nuisance wildlife trapper registration protocol and its attachments.
2. I understand that the Westchester County Department of Health is to be notified immediately regarding all potential rabies exposure.
3. I understand that if a bat is found in a dwelling or had contact with a person, pet or domestic animal it must be submitted to the Westchester County Department of Health for rabies testing.
4. I understand that any animal that has had physical contact with a pet, domestic animal or person must be held for possible rabies testing.
5. I understand that I am fully liable for any adverse consequences as a result of my activities in the handling of nuisance wildlife.
6. I agree to handle nuisance wildlife 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.
7. I agree to abide by all the directives of the Westchester County Department of Health concerning the handling of nuisance wildlife and the suppression of rabies in Westchester County.
8. I agree to allow my name and phone number to be released to the public and to be listed in the Westchester County Department of Health website.

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

Date: _____

Signature: _____

Print name: _____

Notarization:

For Office Use Only	
Received by: _____	Date: _____
Approved by: _____	Date: _____