

Wyoming Falconry Permit Application

Raptor Facilities and Equipment Inspection Report

Date: _____

Applicant's Name _____

Location of Facilities: _____

Address: _____

Part 1 - Facilities

YES NO

- | | | |
|---|--------------------------|--------------------------|
| 1. At least one suitable perch for each raptor | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. At least one opening for sunlight..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Each raptor has an area large enough to allow it to fly if it is untethered, or if tethered, to fully extend its wings or bate (attempt to fly while tethered) without damaging its feathers or contacting other raptors. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Each raptor has access to a pan of clean water available unless weather conditions, the perch type or some other factor makes it unsafe for the raptor. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Space to allow easy access for the care and feeding of raptors..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If raptors are not tethered, all walls that are not solid are covered in such a manner as to protect the bird from striking or injuring itself against them. Suitable materials may include vertical bars spaced narrower than the width of the body of the smallest raptor housed in the enclosure or heavy-duty netting..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Protects raptors from the environment, excessive disturbance, predators, domestic animals and other raptors..... | <input type="checkbox"/> | <input type="checkbox"/> |

Other innovative housing systems may be acceptable if they provide the enclosed raptors with protection and maintain healthy feathers.

Part 2 - Equipment

YES NO

- | | | |
|---|--------------------------|--------------------------|
| 1. One pair of jesses or the materials and equipment to make them | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. One leash | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. One swivel | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. One bath container | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. An appropriate scales or balances for weighing raptor(s) possessed | <input type="checkbox"/> | <input type="checkbox"/> |

Part 3 – Current Raptors in Possession

Species	Age (Nestling, Immature, Adult)	Sex (Male, female, unknown)	Year of Hatch	Source (Captive-bred or Wild)	Band Number (if applicable)
1.					
2.					
3.					
4.					
5.					

Part 4 - Certification

- Approved** - Facilities and equipment meet the standards.
- Provisional Approval** - Except as indicated below, facilities and equipment meet the standards. Applicant agrees to correct all deficiencies within 30 days.
- Not Approved** - Facilities and equipment fail to meet the standards.
- Deficiencies:**

Certifying Officer

Name: _____

Title: _____

Signature: _____

Date: _____

Applicant

I agree to correct deficiencies, if any, within 30 days and to maintain facilities/equipment at or above the standards.

Signature: _____

Date: _____