

**FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION  
PERSONAL USE WILDLIFE PERMIT APPLICATION AND QUESTIONNAIRE**

**Please print with blue or black ink only**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBERS: (H) \_\_\_\_\_ (W) \_\_\_\_\_

The answers on this questionnaire indicate my knowledge about the habits, requirements, diet, health care and exercise needs of the animal(s) I plan to possess, as required under Florida Administrative Code 68A-6.0022. I understand my permit may be denied or revoked if I fail to meet the requirements of 68A-6.0022, F.A.C.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**The following questions will be used to evaluate your knowledge of and experience with the animals you plan to possess. This information will be used to determine the approval or denial of the permit for which you are applying. Please attach additional pages as necessary.**

1) What are the **common names** of the animals you plan to possess?

\_\_\_\_\_  
\_\_\_\_\_

2) What is the **scientific names** of the animals you plan to possess?  
**(Genus/species)**

\_\_\_\_\_  
\_\_\_\_\_

3) In what continent and country do the animals occur naturally in the wild?

\_\_\_\_\_  
\_\_\_\_\_

4) How large (length, height, etc.) will these animals get when they are adults?

\_\_\_\_\_  
\_\_\_\_\_

5) What is the average weight of the animals when they reach sexual maturity?  
(Approximately in pounds)

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6) What do the animals eat in the wild?

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7) What foods are available to you to feed your animals while in captivity?

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8) How much do these animals eat, as an adult, per day?

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9) Are the animals you plan to possess social or solitary animals in the wild  
(excluding the mating season)?

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10) What are the Florida Fish and Wildlife Conservation Commission's  
standard caging requirements for the animals you plan to possess?

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11) What are the additional safety requirements you must meet to maintain the animals as personal pets?

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12) What is the name of the veterinarian you intend to use for the health care of your animals?

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

13) What is the address and telephone number of the closest office of the Florida Fish and Wildlife Conservation Commission office that you can contact regarding the lawful keeping of your animals?

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14) What is the name, address and license number (if in Florida) of the source of your wildlife?  
(It is unlawful to purchase wildlife from an unpermitted entity in Florida)  
**[You must have documentation of the source and supplier of your animals]**

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15) If your animals escape from their cage, enclosure, tether, or leash, are you required to report the incident to the Florida Fish and Wildlife Conservation Commission?  
YES\_\_\_\_\_ NO\_\_\_\_\_

16) If your animals bite or scratch an individual, are you required to report the incident to the Florida Fish and Wildlife Conservation Commission?  
YES\_\_\_\_\_ NO\_\_\_\_\_

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