

Otterkill Animal Hospital
James C. Zgoda, M.S., D.V.M., Licensed Wildlife Rehabilitator

Wildlife Admission Form

Name _____ Date _____

Street Address _____

City _____ State _____ Zip _____ Telephone _____

LOCATION WHERE ANIMAL WAS FOUND:

Street Address _____

City _____ State _____ Zip _____ County _____

WHY ANIMAL WAS PICKED UP?

WAS ANYONE BITTEN BY THIS ANIMAL? Yes _____ No _____

FOR OFFICE USE

Species _____ M ___ F ___ U ___ A ___ J ___ U ___

Initial Assessment _____

Disposition _____ Date _____

Thank you for assisting this injured or orphaned animal. Every attempt will be made to return it to good health and return it to the wild. Animals with extensive injuries or poor prognosis for survival in the wild will be humanely euthanized. You may call for reports on its status over the next few days.