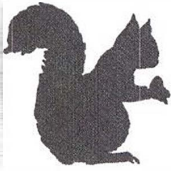


Andes-Straley Veterinary Hospital Wildlife Rehabilitation



Admission Form

PLEASE FILL THIS SECTION OUT. THANK YOU.

Date: _____
Type of Animal _____
Number Brought in _____ Food Given _____ Fluid Given _____
Where Found _____
Your Name _____ Phone _____
City, State, Zip _____

PLEASE DO NOT MARK BELOW HERE (TECHS ONLY)

ORPHAN: ___ Parents not around ___ Parents dead ___ Human Intervention
COLLISION: ___ Vehicle ___ Window/Building ___ Phone or Powerline ___ Unknown
INJURED BY ANIMAL: ___ Cat ___ Dog ___ Predator
ENTANGLEMENT: ___ Fishing line or hook ___ Sixpack Rings ___ String/Wire ___ Chainlink
INGESTION OF TOXIC: ___ Lead ___ Lawn Chemicals ___ Antifreeze ___ Other
EXTERNAL CONTAMINANT: ___ Oil ___ Gas ___ Unknown
VIRAL DISEASE: ___ Distemper ___ Avian Pox ___ Other
MECHANICAL INJURY: ___ Shot ___ Trap ___ Mower ___ Other
DISPLACED BY HUMANS: ___ Nest Destroyed ___ Building/Construction ___ Other
NATURAL DISTURBANCE: ___ Flood ___ Wind ___ Storm
PARASITISM: ___ Internal ___ External
GENETIC DEFORMITY _____
BACTERIAL INFECTION _____
OTHER: _____

