

Andes-Straley Veterinary Hospital Wildlife Rehabilitation Admission Form



PLEASE FILL OUT THIS SECTION. 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 ONLYS)

ORPHAN: ___Parents not around ___Parents dead ___Human Intervention

COLLISION: ___Vehicle ___Window/Building ___Phone or Power line ___Unknown

INJURED BY ANIMAL: ___Cat ___Dog ___Predator

ENTANGLEMENT: ___Fishing line or hook ___Six-pack Rings ___String/Wire ___Chain link

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: _____

UNKNOWN: _____

