

# 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: \_\_\_\_\_

