



WILDLIFE REHABILITATION INTAKE SHEET

Records must be maintained and available for inspection for a period of two years.

*** REQUIRED FIELD**

WILD ANIMAL INFORMATION

* SPECIES _____

* DATE FOUND _____ * TIME FOUND _____

ADULTS _____ DEPENDENTS _____ TOTAL _____

GENDER: Male ___ Female ___ Unknown ___ HAS ANYONE BEEN BITTEN? No Yes

* COUNTY FOUND _____ * TOWNSHIP FOUND _____

* LOCATION FOUND (latitude, longitude) _____

LIST ALL FOOD, MEDICATION, OR TREATMENTS GIVEN TO THE ANIMAL(S):

REHAB PERMIT No.

RECORD No.

DATE ADMITTED

*REASON FOR DROP-OFF

(Please check all that apply)

- Found on ground
- In a trap
- Fell from nest
- Nest destroyed
- In the road
- Unable to stand
- Limping
- Oiled
- Caught by cat
- Caught by dog
- Hit window
- Hit by car, lawn mower, or weed eater
- Shot
- Abnormal behavior/appears sick
- Caught in fishing line/hook
- Orphaned (mother known dead)
- Orphaned (suspected)
- Unable to fly
- Other: _____

PRESENTER INFORMATION

NAME _____ PHONE NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTY _____ TOWNSHIP _____

EMAIL _____

SUPPORT

Wildlife rehabilitators are non-profit organizations that rely on donations to help purchase food, medications, and supplies for this animal and others.

THIS ANIMAL(S) MAY BE RELEASED ON MY PROPERTY (check box)

Yes, I would like to make a contribution.

\$25 \$50 \$75

\$100 Other \$ _____

PRESENTER SIGNATURE

DATE



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REHAB PERMIT No. _____

RECORD No. _____

DATE ADMITTED _____

FOR INTERNAL USE ONLY

IF NOT ON SITE, SUB-PERMITTEE NAME _____

DATE RECEIVED _____

PATIENT

PATIENT ID: _____

▼ INITIAL CARE/OBSERVATION

▼ TREATMENT

MEDICATIONS: _____

DISPOSITION

*Date: _____

Dead on arrival

Died

Euthanized

Released * Release Location: _____

Transferred * Transferred to: _____ Approved by Division of Wildlife Date: _____

Education