

Transported by (Initial): _____

Ojai Valley Wildlife Rehabilitation 2006

Date: _____

Species: _____

Agency Received From

- Veterinarian _____
 Humane Society

- County Animal Ctrl
 Lake Casitas
 US Forest Service

- Fish & Game
 US Fish & Wildlife
 Other: _____

Reporting Party Information – Please Print

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Date Found: _____ Place Found/Reason for injury: _____

How long in your care: _____ Food Given/What/How much: _____

- Animal Attacked
 Gunshot

WOULD YOU LIKE TO MAKE A DONATION TO AID IN THE TREATMENT OF THIS AND/OR OTHER WILDLIFE?

Yes Amount: _____
 No

Rehabilitator's Name: _____

Species: _____

General Condition

- Alert Nestling/Baby
 Subdued Fledgling/Juvenile
 Unresponsive Adult

Intake weight: _____

Presenting condition: _____

Treatment Record/Comments

Fluid Therapy Yes No Method _____ Formula/Diet _____

Medication _____ Dosage _____

Continue record on back..

No Rehabilitation Required: _____ DOA: _____ Died: _____ Euthanasia: _____ Euthanasia By: _____

Transferred: _____ From: _____ To: _____

2nd Transfer: _____ 2nd Transfer From: _____ 2nd Transfer To: _____

Released: _____ By: _____ Release Site: _____

Special comments or notes: _____