

ST. FRANCIS WILDLIFE PATIENT ADMISSION FORM

St. Francis Wildlife Association, Inc. will be caring for the animal. We are a non-profit organization dedicated to the care and treatment of injured or orphaned wildlife. We sincerely thank the dedicated staff at Northwood Animal Hospital for their assistance admitting and holding the animal until we pick it up.

DATE \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TYPE OF ANIMAL \_\_\_\_\_ QTY\_\_

RESCUE LOCATION \_\_\_\_\_

(Be as specific as possible in case the adult animal needs to go back: Street address, intersection, town, back yard, etc.)

REASON(S) FOR RESCUE: (Circle all that apply)

- |                       |               |                      |               |
|-----------------------|---------------|----------------------|---------------|
| Cat attack            | Tree cut down | Relocation           | Hit by auto   |
| Dog attack            | Poisoning     | Hit a window         | In or by road |
| Nest fell/disturbed   | Parent killed | Entangled            | Gun shot      |
| Fell from nest        | Construction  | Predator in vicinity | Unknown       |
| Children brought home |               |                      |               |

PLEASE EXPLAIN WHAT HAPPENED \_\_\_\_\_

Did you feed it? \_\_\_\_\_ If yes, what & how? \_\_\_\_\_

Other treatment? \_\_\_\_\_

AMOUNT OF DONATION: \$ \_\_\_\_\_ Cash Check Supplies \_\_\_\_\_

**Thank you for helping us help wildlife!**

If you were bitten or scratched by the animal, contact your physician immediately.

Northwood Animal Hospital is not responsible for anything left for St. Francis Wildlife Association.

Please pick up your trap/cage within 3 days of our phone call notification or they will be considered a donation to St. Francis.

TO BE COMPLETED BY ST. FRANCIS WILDLIFE OR VETERINARY STAFF ONLY  DISPOSITION

RELEASED: Date \_\_\_\_\_ Location \_\_\_\_\_ PERMANENT RESIDENT \_\_\_\_\_

DOA \_\_\_\_\_ DIED \_\_\_\_\_ EUTHANIZED \_\_\_\_\_ OTHER \_\_\_\_\_

TRANSFERRED TO: Name/Institution \_\_\_\_\_ Permit # \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

Computer ID # \_\_\_\_\_ Problem: \_\_\_\_\_