

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: _____