

Squirrelmender
 Wildlife Care
 Sharron Baird
 805-498-8653
 CA DF&G Permit
 Small Mammals
2009

REFERRED BY:
 VETERINARIAN _____
 CONEJO VETERINARY HOSPITAL
 CWC
 ANIMAL SHELTER _____
 OTHER _____
 DATE: _____

ID NUMBER	SEX	WEIGHT

GENERAL INFORMATION

NAME	HOME PHONE
STREET ADDRESS	OTHER PHONE
CITY, STATE, ZIP CODE	EMAIL ADDRESS

ANIMAL INFORMATION

SPECIES (IF KNOWN)	DATE FOUND	# OF ANIMALS FOUND
DESCRIBE WHERE IT WAS FOUND AND THE CIRCUMSTANCES OF THE RESCUE:		
WERE THERE ANY OBVIOUS INJURIES AT THE TIME OF THE RESCUE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF SO, PLEASE DESCRIBE:		
HAVE YOU GIVEN THE ANIMAL ANY FOOD, MEDICATION OR TREATMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF SO, PLEASE DESCRIBE WHAT, HOW MUCH AND HOW OFTEN:		
Has the animal ever aspirated (choke fluid coming out of nose)?		
HAS THIS ANIMAL BITTEN ANYONE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF SO, WHO:		
CARING FOR WILDLIFE IS VERY EXPENSIVE. THE ANIMALS REQUIRE SPECIAL DIETS, HOUSING AND OFTEN PRESCRIPTION MEDICATION. WON'T YOU HELP BY MAKING A DONATION? ALL DONATIONS GO DIRECTLY TO ANIMAL CARE.		
<input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT: _____		
DO YOU GIVE PERMISSION FOR THE ANIMAL TO BE RELEASED ON YOUR PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Signature	Date	

OFFICE USE ONLY

FINAL DISPOSITION (RECORD OF INITIAL EXAM AND IMMEDIATE TREATMENT ON REVERSE)		
<input type="checkbox"/> D.O.A.	<input type="checkbox"/> DIED	DATE: _____
<input type="checkbox"/> RELEASED	LOCATION: _____	
<input type="checkbox"/> EUTHANIZED	BY: _____	
<input type="checkbox"/> TRANSFERRED	TO: _____	

