

**Otterkill Animal Hospital**  
**James C. Zgoda, M.S., D.V.M., Licensed Wildlife Rehabilitator**

**Wildlife Admission Form**

Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**LOCATION WHERE ANIMAL WAS FOUND:**

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

**WHY ANIMAL WAS PICKED UP?**

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**WAS ANYONE BITTEN BY THIS ANIMAL?** Yes \_\_\_\_\_ No \_\_\_\_\_

**FOR OFFICE USE**

Species \_\_\_\_\_ M \_\_\_ F \_\_\_ U \_\_\_ A \_\_\_ J \_\_\_ U\_\_\_

Initial Assessment \_\_\_\_\_

Disposition \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for assisting this injured or orphaned animal. Every attempt will be made to return it to good health and return it to the wild. Animals with extensive injuries or poor prognosis for survival in the wild will be humanely euthanized. You may call for reports on its status over the next few days.**