



# Wildlife Admission Form

Species: \_\_\_\_\_

Did you name the patient? \_\_\_\_\_

When did you rescue the patient? \_\_\_\_\_

Time: \_\_\_\_\_ Date: \_\_\_\_\_

What happened to the patient? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Your name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you happy to receive newsletters from us? Yes

Where did you find the patient? **(exact address please)**

Street number: \_\_\_\_\_ Street name: \_\_\_\_\_

Suburb: \_\_\_\_\_

Do you consent to your name and phone number being given to wildlife carers to facilitate release? Yes

Are you a member of a wildlife care group? \_\_\_\_\_

Wildlife care group reference number: \_\_\_\_\_

Has the patient had any food/water/medications? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Would you like to make a donation to contribute to the cost of caring for this patient? Yes  No



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