Form K DAILY FOOD CONSUMPTION FOR INDIVIDUAL OTTERS

Rehabilitation Center		Date			
Otter #	Tag #		Tag Color		
					* 7
Feeding Times			9		
Food Types	Food Weights (kg)				
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			NAME OF THE OWNER OWNER OF THE OWNER OWNE		
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	9				
T - I D - M - I			AVAILABLE TO THE STATE OF THE S		
Total Per Meal					
		Total Food Eaten Today			
				<i>y</i> —	
Foods Refused					
Foods Preferred					
Appetite (circle one):	None	Poor	Fair	Good	Excellent
Recorder's Signature					