

**Form M
SEA OTTER PUP CARE**

Rehabilitation Center _____

Date _____ Shift _____

Otter Name _____ Otter # _____ Tag # _____

Weight (kg) _____ and Length (cm) _____ as of today.

Food Consumption

Method of Feeding: Intubation Syringe Self Combination

Feeding Times					
Food Types	Food Weights (kg) or Volume (ml)				
Formula (ml)					
Total Per Meal					

Total food eaten today _____

Urination and Bowel Movements

Time	Feces or Urine	Abnormalities Noted

Behavioral Observations _____

Medical Observations _____

Nursery Recorder's Signature _____