

**Form P**  
**RELEASE**

Rehabilitation Center \_\_\_\_\_  
Otter # \_\_\_\_\_ Tag # \_\_\_\_\_ Tag Color \_\_\_\_\_  
Weight \_\_\_\_\_ Distinguishing Marks \_\_\_\_\_  
Last Blood Test \_\_\_\_\_ Date \_\_\_\_\_  
Original Capture Location \_\_\_\_\_ Date \_\_\_\_\_  
Radio Transmitter (check): yes \_\_\_\_\_ no \_\_\_\_\_  
Transmitter Number \_\_\_\_\_

**Pre-Release Clinical Treatment**

Date \_\_\_\_\_ Time \_\_\_\_\_  
Vitamins \_\_\_\_\_ Antibiotics \_\_\_\_\_  
Other \_\_\_\_\_  
Comments \_\_\_\_\_  
Veterinarian's Signature \_\_\_\_\_

**Release Information**

Date \_\_\_\_\_ Time \_\_\_\_\_  
Departing Location \_\_\_\_\_  
Release Location \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Mode of Transportation to Release Site \_\_\_\_\_  
Left Flipper Tag # \_\_\_\_\_ Color \_\_\_\_\_  
Right Flipper Tag # \_\_\_\_\_ Color \_\_\_\_\_  
Comments \_\_\_\_\_  
Supervisor's Signature \_\_\_\_\_