

**Form F**  
**ADMISSION AND WASHING**

Rehabilitation Center \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ AM PM

Otter # \_\_\_\_\_ Tag # \_\_\_\_\_ Tag Color \_\_\_\_\_

Capture Location \_\_\_\_\_

Delivered By \_\_\_\_\_

**Animal Description**

Sex (circle): M F Pregnant (circle): Yes No

Age (circle): Pup Yearling Juvenile Adult

Weight (kg): Otter and Cage \_\_\_\_\_ Cage \_\_\_\_\_ Otter \_\_\_\_\_

Degree of Oiling (circle): None Light Medium Heavy

Oiled Fur Test Results \_\_\_\_\_

Clinical Condition \_\_\_\_\_

**Animal Cleaning**

Washing (circle): Not Washed Incomplete Wash Complete Wash

Begin Washing \_\_\_\_\_ AM PM End Washing \_\_\_\_\_ AM PM

Time	Core Temp. (°C)	Respiration (breaths/min)	Observations

Washing Supervisor's Signature \_\_\_\_\_

Veterinarian's Signature \_\_\_\_\_