

Form G
CHEMICAL RESTRAINT AND TREATMENTS

Rehabilitation Center _____ Date _____

Otter # _____ Tag # _____

Reason for Chemical Restraint _____

Type of Chemical Restraint

Type	Dose	Time	Route
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Reversal _____	_____	_____	_____

Level of Anesthesia: None Light Moderate Heavy Variable

Treatments

Antibiotics: Type _____ Dose _____
 Type _____ Dose _____
 Steroids: Type _____ Dose _____
 Vitamins: Type _____ Dose _____
 Type _____ Dose _____
 Fluids _____
 Activated Charcoal _____ Other _____

Clinical Samples

Blood Sample: None SMAC CBC Toxicology Other

Other Samples: None Urine Feces Tissue Biopsy

Notes: _____

After reversal, animal recovered at _____ (time) and was returned to _____
 _____ (place).

Veterinarian's Signature _____