

Form K
DAILY FOOD CONSUMPTION FOR INDIVIDUAL OTTERS

Rehabilitation Center _____ Date _____

Otter # _____ Tag # _____ Tag Color _____

Feeding Times					
Food Types	Food Weights (kg)				
Total Per Meal					

Total Food Eaten Today _____

Foods Refused _____

Foods Preferred _____

Appetite (circle one): None Poor Fair Good Excellent

Recorder's Signature _____