

**Form A**  
**GROSS NECROPSY REPORT**

Date \_\_\_\_\_ Tag \_\_\_\_\_ Pathology \_\_\_\_\_  
 Species \_\_\_\_\_ Common Name \_\_\_\_\_  
 Sex \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ kg \_\_\_\_\_ lbs  
 Length: Straight \_\_\_\_\_ cm Curvilinear \_\_\_\_\_ cm  
 Girth: Maximum \_\_\_\_\_ cm Axillary \_\_\_\_\_ cm  
 Blubber Thickness: Dorsal \_\_\_\_\_ cm Lateral \_\_\_\_\_ cm Ventral \_\_\_\_\_ cm  
 Condition \_\_\_\_\_

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## CLINICAL ABSTRACT:

## INTEGUMENT:

## NUTRITION:

## MUSCULOSKELETAL SYSTEM:

## FAT DISTRIBUTION:

## ABDOMINAL CAVITY:

## LIVER

## GALLBLADDER

## DIGESTIVE SYSTEM:

## ESOPHAGUS

## SMALL INTESTINE

## LARGE INTESTINE

**Form A, GROSS NECROPSY REPORT (Continued)**

PANCREAS:

ENDOCRINES:

THYROID

PARATHYROID

HEMOLYMPHATIC SYSTEM:

BONE MARROW

LYMPH NODES

THYMUS

SPLEEN

CARDIOVASCULAR SYSTEM:

RESPIRATORY SYSTEM:

LUNG

TRACHEA

NASAL PASSAGE

URINARY SYSTEM:

TESTES/OVARIES AND UTERUS

NERVOUS SYSTEM:

SPECIAL SENSES:

EYES

EARS

**Form A, GROSS NECROPSY REPORT (Continued)**

**PARASITISM:**

**DIFFERENTIAL DIAGNOSIS: (TSWAG)**

**REMARKS:**

**TISSUES SAVED FOR HISTO:**

**TISSUES SAVED FOR TOX:**

**Form B**  
**TISSUE CHECKLIST**

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**HISTOLOGY**

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Abdomen:	<input type="checkbox"/> liver	<input type="checkbox"/> pancreas
	<input type="checkbox"/> gallbladder	<input type="checkbox"/> stomach
	<input type="checkbox"/> adrenals	<input type="checkbox"/> small intestine
	<input type="checkbox"/> kidneys	<input type="checkbox"/> large intestine
	<input type="checkbox"/> urinary bladder	<input type="checkbox"/> lymph nodes
	<input type="checkbox"/> spleen	
Thorax:	<input type="checkbox"/> tongue	<input type="checkbox"/> thymus
	<input type="checkbox"/> thyroid/parathyroid	<input type="checkbox"/> heart
	<input type="checkbox"/> trachea	<input type="checkbox"/> lung
	<input type="checkbox"/> esophagus	<input type="checkbox"/> diaphragm
Other:	<input type="checkbox"/> brain	<input type="checkbox"/> muscle
	<input type="checkbox"/> eyes	<input type="checkbox"/> blubber/fat
	<input type="checkbox"/> spinal cord	<input type="checkbox"/> skin
	<input type="checkbox"/> nasal turbinates	<input type="checkbox"/> gonads
	<input type="checkbox"/> parasites	<input type="checkbox"/> other _____

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**TOXICOLOGY**

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<input type="checkbox"/> liver	<input type="checkbox"/> stomach contents
<input type="checkbox"/> bile	<input type="checkbox"/> intestinal contents
<input type="checkbox"/> lung	<input type="checkbox"/> placenta
<input type="checkbox"/> kidney	<input type="checkbox"/> amniotic fluid
<input type="checkbox"/> fat/blubber	<input type="checkbox"/> ascites
<input type="checkbox"/> brain	<input type="checkbox"/> cardiac blood
<input type="checkbox"/> muscle	<input type="checkbox"/> thoracic fluid
<input type="checkbox"/> skin	<input type="checkbox"/> other _____

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**FOOD HABIT**

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<input type="checkbox"/> stomach	<input type="checkbox"/> intestinal contents
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**MEASUREMENTS**

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<input type="checkbox"/> teeth	<input type="checkbox"/> baculum
<input type="checkbox"/> skull	<input type="checkbox"/> other _____

**Form C**  
**SEA OTTER CAPTURE**



Project \_\_\_\_\_  
 Date \_\_\_\_\_  
 Otter # \_\_\_\_\_

**Capture Boat Information**

Capture Boat \_\_\_\_\_ Crew Leader \_\_\_\_\_  
 Boat Log # \_\_\_\_\_ Reported By \_\_\_\_\_

**Otter Capture Information**

Date \_\_\_\_\_ Specific Location \_\_\_\_\_ Map on Back ( )  
 Time \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ Reason for Capture \_\_\_\_\_

What was the animal doing prior to capture? \_\_\_\_\_

Capture Method \_\_\_\_\_ Pursuit Time \_\_\_\_\_  
 Other Notes \_\_\_\_\_

**Otter Description**

Sex: M F Weight \_\_\_\_\_ lbs or kg Length \_\_\_\_\_ in or cm  
 Description \_\_\_\_\_  
 Tag Number \_\_\_\_\_ Tag Color \_\_\_\_\_ Tag Location: Left \_\_\_\_\_  
 Tag Number \_\_\_\_\_ Tag Color \_\_\_\_\_ Tag Location: Right \_\_\_\_\_  
 What did the otter do in the boat? \_\_\_\_\_

**Otter Disposition**

Date \_\_\_\_\_ Time \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_  
 ( ) Died - Probable Cause \_\_\_\_\_  
 ( ) Escaped - Because \_\_\_\_\_  
 ( ) Released - Because \_\_\_\_\_

**Otter Transport**

Sent To (place) \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ Via \_\_\_\_\_  
 Condition at time of transfer \_\_\_\_\_  
 Transport Carrier \_\_\_\_\_ Signature \_\_\_\_\_

**Form D**  
**CAPTURE BOAT ANIMAL LIST**



Project \_\_\_\_\_

Date \_\_\_\_\_

Boat Name \_\_\_\_\_

Recorder \_\_\_\_\_

**Form E**  
**ANIMAL TRANSPORTER'S LOG**

Project \_\_\_\_\_  
Carrier \_\_\_\_\_  
Recorder \_\_\_\_\_



**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 \_\_\_\_\_

**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 \_\_\_\_\_

**Form H**  
**PHYSICAL EXAMINATION**

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

Date \_\_\_\_\_ Otter # \_\_\_\_\_ Tag # \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Length \_\_\_\_\_

**Examination**

Medical Condition \_\_\_\_\_

Fur Condition \_\_\_\_\_

Head \_\_\_\_\_

Chest \_\_\_\_\_

Abdomen \_\_\_\_\_

Forelimbs \_\_\_\_\_

Hindlimbs \_\_\_\_\_

Genitalia \_\_\_\_\_

Wounds and Lesions \_\_\_\_\_

Other Observations \_\_\_\_\_

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

**Form I**  
**CRITICAL CARE**

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

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

Sex \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Medical Condition \_\_\_\_\_

## Medical and Behavioral Observations

**Form J**  
**HUSBANDRY**

Rehabilitation Center

Date \_\_\_\_\_ Shift \_\_\_\_\_

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

Pen or Pool # \_\_\_\_\_

Notes for Next Shift

Recorder's Signature

**Form K**

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

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

Total Food Eaten Today \_\_\_\_\_

**Foods Refused** \_\_\_\_\_

Foods Preferred \_\_\_\_\_

Appetite (circle one):       None       Poor       Fair       Good       Excellent

Recorder's Signature \_\_\_\_\_

## Form L

## DAILY FOOD CONSUMPTION FOR MULTIPLE OTTER PENS AND POOLS

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

Date \_\_\_\_\_ Shift \_\_\_\_\_

Pen # \_\_\_\_\_ Location \_\_\_\_\_

## Identification of Otters in Each Pen or Pool

Otters Removed from Pen \_\_\_\_\_

Why? \_\_\_\_\_

Otters Added to Pen \_\_\_\_\_

Why? \_\_\_\_\_

## Food Consumption

Feeding Times					
Food Types	Food Weights (kg)				

Total food placed in the pen or pool today \_\_\_\_\_

## Notes

Recorder's Signature

**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 \_\_\_\_\_

**Form N**  
**TRANSFER SUMMARY**

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

**Form O**  
**DAILY AND WEEKLY ANIMAL COUNT**

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

<b>Date</b>						

<b>Received</b>						
Captured						
Transferred						
Born						
Other						
<b>Total Received</b>						

<b>Departed</b>						
Died						
Euthanized						
Transferred						
Released						
Escaped						
<b>Total Departed</b>						

<b>Alive at Center</b>						
Females						
Males						
Pups						
<b>Total Present</b>						

**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 \_\_\_\_\_

## **Form Q**

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