

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 _____

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

HISTOLOGY

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

TOXICOLOGY

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

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

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

Boat Ref#	Date	Location	Species	Notes	Disposition	Date

Form E
ANIMAL TRANSPORTER'S LOG



Project _____

Carrier _____

Recorder _____

Boat numbers for all animals transported	Picked up from	Date Time	Delivered to	Date Time

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Form J
HUSBANDRY

Rehabilitation Center _____

Date _____ Shift _____

Tag # _____ Tag Color _____

Pen or Pool # _____

[illegible]

Notes for Next Shift _____

Recorder's Signature _____

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 _____

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

Otter #	Tag #	Tag Color	Sex	Observations

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 _____

Otter #	Tag#/Color	Sex	Location Collected	Transfer Date	Transfer Location

Form O
DAILY AND WEEKLY ANIMAL COUNT

Rehabilitation Center _____

Date

--	--	--	--	--	--	--

Received

Captured
Transferred
Born
Other
Total Received

Departed

Died
Euthanized
Transferred
Released
Escaped
Total Departed

Alive at Center

Females
Males
Pups
Total Present

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
ADMISSIONS AND FINAL DISPOSITION SUMMARY

Rehabilitation Center _____

Otter #	Tag#/Color	Sex	Location Collected	Admit Date	Final Disposition	Final Date