

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 O
DAILY AND WEEKLY ANIMAL COUNT

Rehabilitation Center _____

Date

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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