

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 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

Rehabilitation Center _____