

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