



Yelm Veterinary Hospital
 1120 Yelm Ave W | Yelm, WA 98597
 (360) 458-7707
 www.yelmdvm.com

Wildlife Admission Form

By completing this form you are releasing said animal over to the care of Yelm Veterinary Hospital (a licensed DFWL rehabilitator). Any and all rights to the animal are hereby relinquished, along with any further information regarding their status, whereabouts, or wellbeing.

Signature: _____ Date: _____

Date:	Time of Arrival:
Transported by:	
Name:	Phone Number:
Address:	
Type of Animal (species):	Qty:
Age/Sex (if known):	Band/Tag:
When animal was first seen:	
When animal was captured (date/time):	
Where was the animal found (city/state/county):	
Specific Location (i.e. backyard, etc.):	
Did you feed the animal? If so, what/how/when?	
Did you help in any other way?	

Please circle ALL of the following that apply:

FELL FROM NEST	CAT ATTACK	IN ROAD	EASY TO CATCH	HARD TO CATCH
NEST DESTROYED	DOG ATTACK	HIT BY CAR	HIT WINDOW	LIMPING
ON GROUND	BIRD ATTACK	BLEEDING	NEAR A WINDOW	CAN'T STAND
COLD	WET	STAGGERING	SHOT	CAN'T FLY
PANTING	OILED	TRAPPED	ABUSED	OTHER:

All animal care is on a volunteer basis / unpaid – Any donation is appreciated, tax deductible, and supports animal care.