

Please fill out this form and have it accompany the bird to the center.

## Raptor Admission Form

<b>Raptor Donor Information</b>	
Name: _____	
Address: _____ _____	
City: _____	County: _____
State: _____	Zip: _____
Home Phone: _____	
Bus. Phone: _____	

<b>Referral DVM/Rehabilitator</b>	
Name: _____	
Address: _____ _____	
City: _____	County: _____
State: _____	Zip: _____
Home Phone: _____	
Bus. Phone: _____	

### Raptor Information

Found date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM (Check One)  Nest  Ground  Roadside  City/Town  Woods/Marsh

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

If food, water or medications were offered please list these along with dates or attach any medical history to form:

\_\_\_\_\_  
\_\_\_\_\_

I agree to unconditionally surrender this animal to the care of Auburn University College of Veterinary Medicine for the purpose of rehabilitation, release, placement or humane euthanasia at the discretion of the attending clinician.

As agent, I have no knowledge whether this animal has bitten any person or animal (unless specified), or if the animal has been exposed to rabies.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Agent

Donations should be made payable to the SRC @ Auburn University. Thank you for your interest in wild birds of prey and the SRC

### SRC USE ONLY

Admit Date: \_\_\_\_\_ SRC# \_\_\_\_\_ Species: \_\_\_\_\_ SEX:  M  F  ?

Age  Adult  Immature  Orphan

Diagnosis \_\_\_\_\_ Treatment \_\_\_\_\_ USFWS Notify \_\_\_\_\_

Disposition (Check One)  Dea  Eut  Rel  Edu Date of Disposition: \_\_\_\_\_