

WILDLIFE REHABILITATION LOG - RVS

Name of Rehabilitator:				Reporting year:	_
Location of Activities:					_
Species:		Approx. age:	Approx. weight:	Date received:	
Original Finder (obtained from):					
Name:	Telephone:		Address: Street/Town		
Site of Origin (if different from Finder's address): Street/Town					
Rabies Advisory Notice given to Finder: Yes	☐ No If no, explain	·			
Cause of Distress:					
Final Disposition: Date: Released: Stre	et/Town		☐ Euthanized ☐ Died		
Species:		Approx. age:	Approx. weight:	Date received:	
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