

OXFORD HILLS VETERINARY HOSPITAL

**WILDLIFE ADMISSION**

(Please fill in to date)

Town Where Found: \_\_\_\_\_

By Whom: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Reason: (ie orphaned, injured) \_\_\_\_\_

Anyone bitten or scratched; (if yes whom) \_\_\_\_\_

Date: \_\_\_\_\_ Species: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_