

# Wildlife Admission Form

Donor to complete Section 1 before admission.

The Department of Environment and Heritage Protection is the regulatory body responsible for native wildlife in Queensland. Compliance of the Code is a condition of licenses to rehabilitate and release sick, injured and orphaned protected fauna –  
<http://www.ehp.qld.gov.au/wildlife/caring-for-wildlife/code-of-practice.html>

Insert Vet Clinic Stamp or Business Card in space above

## SECTION 1 Where did you find the animal?

Native animals need to be returned to the EXACT location where they were found to ensure their survival. Please provide as much information as possible (e.g. if a long street, please provide further details e.g. outside No. 185 or "in park at the southern end of the street").

Street No.		Street Name	
Suburb		State	

Other comments about where you found it

Has the animal received any medication? If so, please detail.

Has the animal been given any food or water? If so, please detail.

## Why did the animal need help?

E.g. attacked by a dog/cat, could not fly, found on ground, orphaned etc. This information is very important in assessing and treating the animal.

## Your contact information (in case we need further information)

Your Name			
Home No.		Mobile No.	

- I hereby release this animal for assessment and treatment to [ name of veterinary clinic ]
- I understand that you will use your best endeavours to treat and care for the animal
- I understand that the animal may be transferred to a registered/qualified wildlife rehabilitator or specialised wildlife facility for ongoing care
- I understand that this animal may be humanely euthanased if veterinary staff deem that it is unable to be rehabilitated
- I agree to my contact details being provided to the wildlife rehabilitator/wildlife facility that receives this animal.

Signature of Donor \_\_\_\_\_ Date \_\_\_\_\_

## SECTION 2 Reception Use

Date Animal Received	____ / ____ / 20 ____	Time Received	_____ am / pm
Species			
Receptionist/Nurse Name		Clinic Contact No.	
Person contacted for pick up And Contact No.		Person will pick up at	_____ am / pm

## Veterinary Use

Diagnosis
Type of treatment/plan?
Is it necessary for this animal to be returned for another examination prior to release? <input type="checkbox"/> Yes in _____ days / weeks <input type="checkbox"/> No