

T.A.I.L Trauma Admittance Information Log (TAIL No: _____ by: _____)

Name _____ Street _____ City _____ State _____ Zip _____

Phone Number _____ Dispatched By _____ Base Person _____

Animal/Bird _____ Date Found ____/____/____ Date Received ____/____/____

Location: Check if "same as finder's" address If different: (Street/City/County) Fill in Description Below: _____

Adult Juvenile Number of Animals _____ Injured Orphaned Sick

Cause of Injury/Description of Incident _____

Was the animal touched by anyone? Yes No Was anyone scratched or bitten? Yes No

Describe ANY contact with the animal _____

Was the animal or bird fed? Yes No If yes, what? _____ Donation _____

<input type="checkbox"/> Parents whereabouts unknown	A-1	<input type="checkbox"/> Trapped in building	E-1	<input type="checkbox"/> Internal parasites	I-1
<input type="checkbox"/> Parents killed by domestic cat	A2	<input type="checkbox"/> Trapped in fireplace/chimney	E-2	<input type="checkbox"/> External parasite	I-2
<input type="checkbox"/> Parents known killed by car	A3	<input type="checkbox"/> Trapped in window well	E-3	<input type="checkbox"/> Developmental anomaly	J
<input type="checkbox"/> Unnecessary human intervention	A4	<input type="checkbox"/> Head caught in jar/can	E-4	<input type="checkbox"/> Bacterial infection	K
<input type="checkbox"/> Collision with vehicle	B-1	<input type="checkbox"/> Tangled in fishing line	F-1	<input type="checkbox"/> Distemper	L-1
<input type="checkbox"/> Collision with window/building	B-2	<input type="checkbox"/> Tangled in beverage holder	F-2	<input type="checkbox"/> Avian pox	L-2
<input type="checkbox"/> Collision with telephone pole/power line	B-3	<input type="checkbox"/> Oil	G-1	<input type="checkbox"/> Other suspected disease	L-3
<input type="checkbox"/> Injured by cat	C-1	<input type="checkbox"/> Gas	G-2	<input type="checkbox"/> Unknown disease	L-4
<input type="checkbox"/> Injured by dog	C-2	<input type="checkbox"/> Other <u>known</u> substance	G-3	<input type="checkbox"/> Natural disturbance	M
<input type="checkbox"/> Injured by human	C-3	<input type="checkbox"/> Unknown substance	G-4	<input type="checkbox"/> Nest removal/tree cut	N-1
<input type="checkbox"/> Injured by natural predator	C-4	<input type="checkbox"/> Ingestion of lead (suspected)	H-1	<input type="checkbox"/> Building/construction	N-2
<input type="checkbox"/> Unknown cause of injury	C-5	<input type="checkbox"/> Ingestion of lawn chemicals (suspected)	H-2	<input type="checkbox"/> Other territory damage	N-3
<input type="checkbox"/> Shot w/gun or arrow	D-1	<input type="checkbox"/> Ingestion of anti-freeze	H-3	<input type="checkbox"/> Other problem w/wildlife	O
<input type="checkbox"/> Trapping injury	D-2	<input type="checkbox"/> Other <u>known</u> ingestible	H-4	<input type="checkbox"/> Unknown problem w/wildlife	P
<input type="checkbox"/> Mower/tiller/hay baler injury	D-3	<input type="checkbox"/> Unknown ingestible	H-5		
<input type="checkbox"/> Other <u>known</u> injury	D-4				

Transferred to: Messinger Woods Hospital Transfer Date ____/____/____

Transferred to: Wildlife Rehabilitator/Assistant Transfer Date ____/____/____ Name _____

Veterinarian Care Given by: _____ Date ____/____/____

Disposition Date ____/____/____

- Released to the wild
- Transferred to another rehabilitator for continued care: Name and Address: _____
- Permanently Non-releasable, transferred to or held by valid licensee: Name and Address: _____ License No. _____
- Permanently Non-releasable, transferred to a valid licensed educational institution: Name and Address: _____ License No. _____
- Died under care or prior to receiving care
- Euthanized by _____

Disposition Comments: _____

