

WILDLIFE
Drop Off Exam

Finder's name: _____

Contact number: _____

Location found (address or description): _____

I wish to be contacted regarding the status of this animal: YES NO

I wish to help release this animal back into the wild: YES NO

Description of injury or reason for drop off: _____

I understand that Kailua Animal Clinic is providing this service free of charge and has full discretion for care and treatment of this animal. I understand that euthanasia may be necessary if the patient cannot be released to the wild in a condition appropriate for good quality of life.

Signature of finder

Date

Donation amount: \$ 5 10 15 20 25 Other: _____

*Apply to Wildlife Account #2959