

# OWCN OILED MAMMAL INTAKE FORM



Spill Name \_\_\_\_\_

Animal Log Number \_\_\_\_\_

Capture Date/Time \_\_\_\_\_

Intake Date/Time \_\_\_\_\_

Capture Location \_\_\_\_\_

Examiner's Signature \_\_\_\_\_

Collector \_\_\_\_\_

Reported to OWCN

| ID                 | Species         | Tag Color/# | Color      | #        |            |                 |                          |              |                          |
|--------------------|-----------------|-------------|------------|----------|------------|-----------------|--------------------------|--------------|--------------------------|
| <b>EXT. OIL ID</b> | Signs of Oiling | Oil visible | Skin burns | Smell    | Area Oiled | Entire          | Head                     | Body         | Spotty                   |
|                    | Oil Type        | Crude       | Refined    | Veg/fish | Other      | Depth of Oiling | Deep                     | Moderate     | Surface                  |
|                    | % Mammal Oiled  | % or sheen? |            |          | Samples    | Oil/Hair Swab   | <input type="checkbox"/> | Animal Photo | <input type="checkbox"/> |

|                      |                  |              |        |          |                |              |           |               |         |       |        |
|----------------------|------------------|--------------|--------|----------|----------------|--------------|-----------|---------------|---------|-------|--------|
| <b>PHYSICAL EXAM</b> | Weight/Temp.     | kg /         | °F     | Age      | Pup            | Yearling     | Sub-adult | Adult         | Unknown |       |        |
|                      | Std Length/Girth | cm /         | cm     | Sex      | Male           | Female       |           |               |         |       |        |
|                      | Heart Rate       | beats/min.   |        |          | Body Condition | Normal       | Emaciated | Underweight   | Obese   |       |        |
|                      | Resp. Rate       | breaths/min. |        |          | Attitude       | BAR          | QAR       | Nonresponsive | Seizing |       |        |
|                      | Dehydration      | None         | Mild   | Moderate | Severe         | CRT/MM Color | Sec./     | Pink          | Pale    | White | Purple |
|                      | Head/Neck/Ears   | NSL          | Other: |          |                |              |           |               |         |       |        |
|                      | Eyes             | NSL          | Other: |          |                |              |           |               |         |       |        |
|                      | Heart/Lungs      | NSL          | Other: |          |                |              |           |               |         |       |        |
|                      | Gastrointestinal | NSL          | Other: |          |                |              |           |               |         |       |        |
|                      | Musculo-skeletal | NSL          | Other: |          |                |              |           |               |         |       |        |
| Integument           | NSL              | Other:       |        |          |                |              |           |               |         |       |        |

|              |                             |                   |              |                     |                          |                                |                      |
|--------------|-----------------------------|-------------------|--------------|---------------------|--------------------------|--------------------------------|----------------------|
| <b>TX-DX</b> | Blood Taken?                | CRIT              | LTT          | RTT                 | GTT                      | Toxiban _____ ml given @ _____ |                      |
|              | Initial Fluid Therapy Type: | LRS               | 5% Dex       | NaCl                | Route: PO                | SQ                             | IV _____ ml, q _____ |
|              | Pre-wash Exam _____         | Date Washed _____ | Weight _____ | Blood work Attached | <input type="checkbox"/> | Veterinarian signature         |                      |

|                    |                        |                            |              |                     |                          |                                |                          |
|--------------------|------------------------|----------------------------|--------------|---------------------|--------------------------|--------------------------------|--------------------------|
| <b>DISPOSITION</b> | Disposition Exam _____ | Exam Date _____            | Weight _____ | Blood work Attached | <input type="checkbox"/> |                                |                          |
|                    | Disposition Date _____ | Disposition Location _____ |              |                     |                          |                                |                          |
|                    | Disposition Status     | RELEASED                   | DIED         | EUTHANIZED          | TRANSFERRED              | PLACED                         | Necropsied by _____      |
|                    | Flipper Tag No. _____  | Location: RFF              | LFF          | RHF                 | LHF                      | Record/Photo/Swab sent to OWCN | <input type="checkbox"/> |

