

OWCN Oiled Bird Stabilization Form

Spill and Capture Information

Spill Name: _____ Capture Date: _____ Capture Time: _____

Capture Location: _____ Capture Coordinates: N _____ W _____

Captured by: public R&T Team other: _____

Name(s): _____

Animal Information and Initial Evaluation

Species: _____ Field Band: _____

Temp: _____ °F Weight: _____ g PCV: _____ % TS: _____ g/dl

Attitude: BAR QAR Non-responsive

Injuries: No Yes (briefly describe) _____

Examiner's Name: _____ Examiner's Signature _____

Initial Treatment

Fluid Therapy: NONE ORAL SC IV Room Temp. (°F) _____

Fluids Used: _____ Additive(s): _____ Volume: _____

Medications: (*include Toxiban slurry)

Drug	Dosage (mg/kg)	Frequency	Route

Thermal support? No heat lamp warmed fluids
 Yes - what type? heating pad cooled fluids
 incubator fan
 other: _____ alcohol bath hot water bottle

Disposition

Transfer Date: _____ Destination: _____

Live - Final Gavage: electrolyte sol'n other _____ Time: _____

Dead* - Date Euthanized: _____ Date Died: _____

STABILIZATION SITE: _____

SPECIES: _____

FIELD BAND: _____