

The provincial and federal government requires the following information. Please provide as much information as possible related to the animal.

Finder's Information		Date:
Finder's Name:		
Mailing Address:		
City/Town:	Postal Code:	
Phone Number:	Name of Veterinary Clinic (if applicable):	
Has anyone other than the finder had physical contact with the animal, including domestic animals? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details and the name/phone number for the individual(s):		
Circumstances of Capture or Admission:		
Animal Species:		
Date/Time of Capture:	Exact Location:	
Describe cause of injury or behavior observed. Please note if anything was unusual. (Poisons, chemical sprays, pesticides, domestic pets, roads, power-lines, wire fences, windows, etc.)		
Weather conditions at time of capture and prior to:		
Was the animal provided with food? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe what and how much was eaten?		
InfoSource – How did you hear about AIWC?		
Donation Amount (Tax Receipts are issued for donations of \$15 and more):		\$_____

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Notes – For AIWC Clinic/Veterinary Use