

Finder's Information		
Finder's Name:	Current Date:	
Finder's Address:		
City/Town:	Postal Code:	
Phone Number:	Name of Veterinary Clinic (if applic	cable):
Has anyone other than the finder had physical contact with the animal, including domestic animals? Yes I No I If yes, please provide details and the name/phone number for the individual(s):		
Circumstances of Capture/Admission		
Animal Species:	Date/Time of Capture:	
Location (Rescued from):		
Describe cause of injury or behavior observed. Please note if anything was unusual. (Poisons, chemical sprays, domestic pets, roads, power-lines, wire fences, windows, weather etc.)		
Was the animal provided with food? Yes I No I If yes, please describe what and how much was eaten?		
		Scan me with your phone camera to donate via our website!

Thank you for bringing this animal to our facility. By signing this you acknowledge that it is at the discretion of AIWC, and its partnering clinics to take whatever actions are necessary and in the best interest of the animal. Partnering veterinary clinics are not able to provide confidential medical information to finders. All patient updates and concerns must be directed to AIWC. Please call our hotline at **403-946-2361**, and a representative can provide an appropriate update for the patient in question. Thank you for helping us preserve and protect wildlife in Alberta.



Notes – For AIWC Clinic/Veterinary Use