



Louisiana Exotic Animal Resource Network

Exotic/Pet Animal Acceptance Form

L.E.A.R.N. is a Louisiana non-profit organization that freely provides rescue and licensed rehabilitation services to exotic and indigenous animals, as well as conservation education to the public and long-term sanctuary for special needs animals. By completing this form, you affirm that you have the authority to surrender this animal, are doing so, and authorize L.E.A.R.N. to treat or dispose of animal, at their determination.

Animal surrendered by: _____ Date: ____ / ____ / ____

Address: _____

Phone number: _____ Email: _____

Signature of person surrendering: _____

The following questions, while all optional, will help L.E.A.R.N. care for or place the animal. This is especially important with animals in need of medical attention. Please fill out any known or applicable information below:

Animal's name: _____

Reason for surrendering : _____

Common and/or scientific species name: _____

Sex: Male Female Juvenile or Unknown

Morphology, if known or applicable: _____

Date of birth or estimated age: _____

Length of time in your care: _____

Where you acquired the animal: _____

Details of breeding or egg-laying: _____

Diet provided to animal: _____

Feeding frequency and date of last meal: _____

Nutritional supplements provided and frequency: _____

Water provided: Tap (treated? Yes No) Bottled Rain/river Other: _____

Method of providing water: Bowl Drip system Misting System Other: _____

Date of last shed: _____

Frequency of previous sheds: _____

Please list species you or your animal has had contact with other in the past 30 days, and any known health issues they may have experienced : _____

Current or previous health issues, if applicable: _____

Please list any veterinarians this pet has seen: _____

Size and type of enclosure the animal has been housed in: _____

Substrate has the animal been kept on: _____

Have hides been provided? No Yes Have moist hides been provided? No Yes

Type, wattage and location of heating used: _____

Was UVB lighting provided? No Yes Date of last bulb replacement: _____

Schedule of visible light is the animal accustomed to: _____

Has the animal had access to natural sunlight? No Yes Frequency: _____

Temperatures provided: Basking _____ Ambient _____ Nighttime _____

Percentage level and method of provided humidity: _____

Any changes to the animals environment, behavior, appetite or droppings in the past three months: _____

For Office Use:

Name of person accepting animal: _____

Signature of person accepting: _____

Type of animal: Reptile Amphibian Invertebrate Other _____

Species: _____

Overall Condition: Alert Lethargic Unconscious Other _____

Hydration Estimation: Normal Mild Dehydration Moderate Dehydration Severe Dehydration

Neurological Symptoms: Normal Head Tilt Ataxia Other _____

Signs of Trauma? No Yes Location(s): _____

Signs of Fractures? No Yes Location(s): _____

Signs of Lacerations or Bleeding? No Yes Location(s): _____

Signs of Fly Eggs or Maggots? No Yes Location(s): _____

Other Injuries or Illness? Yes No Location and type of injuries, if applicable: _____

Other Observations: _____

Weight Upon Admittance: _____ Date: ____ / ____ / _____

Action Taken Upon Admittance: _____

Medications administered / dosage: _____

Veterinarian Deemed Needed? Yes No Practitioner: _____

Instructions/medications: _____

Follow-up actions / care notes: _____

Disposition: Died Euthanized Released Transferred Adopted Being Fostered

Adoptor/Fosteror: _____