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: ______________________________________________________________________
____________________________________________________________________________________________________
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Disposion: □ Died □ Euthanized □ Released □ Transferred □ Adopted □ Being Fostered
Adoptor/Fosteror: ________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________