



Louisiana Exotic Animal Resource Network

Indigenous 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 keep, maintain, treat or dispose of animal, at their determination.

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

Address: _____

Phone number: _____ Email: _____

Signature of person surrendering: _____

How did you hear about L.E.A.R.N.? _____

The following questions are all optional, but 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 being surrendered as wildlife for rehabilitation? Yes No

Request for notification of disposition (not guaranteed)? Yes No Method? _____

Location animal found (please be as specific as possible): _____

Circumstances animal found in (side of road, hit by car, in yard attacked by dog, etc.): _____

What date was this animal found? Date: ____ / ____ / ____ Time: _____

Reason for collecting this animal: _____

Name of veterinarian this animal has seen, if applicable: _____

Details of treatment this animal has received since collection: _____

Any other details you wish to provide: _____

For Office Use: 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

Date/location: _____