



BAT ADMISSION FORM

DATE: _____ SPECIES: _____ LOCATION FOUND: _____

CIRCUMSTANCES : _____

PUBLIC WAIVER

Bats are a rabies vector species. Rabies is an infectious viral disease that effects the nervous system of humans and other mammals. People get rabies from the bite of an animal with rabies (a rabid animal). Any wild mammal, like a raccoon, skunk, fox, coyote, or bat, can have rabies and transmit it to people. It is also possible, but quite rare, that people may get rabies if infectious material from a rabid animal, such as saliva, gets directly into their eyes, nose, mouth or a wound.

People cannot get rabies from having contact with bat guano (feces), blood, or urine, or from touching a bat on its fur (although bats should never be handled!). You should contact your local health department if you have been bitten by a bat or if infectious material such as saliva from a bat has gotten into your eyes, nose, mouth, or a wound, or if the bat has been found in a room with a person who cannot reliable rule out contact, such as a sleeping person, a child, a mentally disabled person or an intoxicated person*. If no one has been bitten or had direct contact with this bat, please rewrite the following statement in your own handwriting: **No one has been bitten or had direct contact with this bat.**

NAME: _____ PHONE: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

By signing below, I state that all of the information above is true:

SIGNATURE: _____ DATE: _____

*Bats and Rabies: A public health guide (1998). The US Centers for Disease Control and Prevention. www.cdc.gov

PHYSICAL EXAM RECORD

Sex: _____ Adult Juvenile Pup Weight: _____ grams

General Condition: burns bites bleeding broken bone(s): foot / leg / arm / finger cuts

punctures crushing injuries emaciated matted/dirty fur orphan parasites

pregnant lactating neurological symptoms: paralysis / seizures / uncoordinated movements

Hydration status: good / fair / poor

Respiration: normal / labored / noisy / slow / rapid

Eyes: bright / droopy / glassy / swollen / mucous / dry / responsive to light & motion

Gums: bright red / pink / bluish

Teeth: good / broken / missing / tarter / worn / abscess

Legs/Feet/Toes/Thumbs: functional / swollen / claw injury

Wing & Tail membrane: good / tears / holes

TREATMENT & DISPOSITION RECORD

Medication: _____ **Dosage:** _____ **Date Started:** _____

ADDITIONAL TREATMENT: _____

RELEASE DATE: _____ **RELEASE LOCATION:** _____

TRANSFERRED: Date _____ Rehabilitator / facility _____

DISPOSITION: Date _____ Died () Euthanized () DOA () Rabies Tested () Result: + —

NECROPSY PERFORMED: Date _____ By _____

Results: _____