

# Patient Admission Form



## STAFF USE ONLY

Patient ID: \_\_\_\_\_  
Transported by:  Finder  Other: \_\_\_\_\_  
Interested in release?  Yes  No

## Contact Information

Finder's name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ \_\_\_\_\_  
*City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to be present for the patient's release?  YES  NO

## Patient Information

Address found: \_\_\_\_\_  
*(if different than* *Street Address* *Apartment/Unit #*  
*above)*

\_\_\_\_\_ \_\_\_\_\_  
*City* *State* *ZIP Code*

Date/time found: \_\_\_\_\_ Reason for admission: \_\_\_\_\_

Was the patient given any food or water?  YES  NO If yes, please specify: \_\_\_\_\_

Please describe the circumstances in which the patient was found: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Donation

*Carolina Raptor Center is a nonprofit organization dedicated to the conservation of birds of prey. Each donation to our rehabilitation hospital directly helps us better care for our patients. Please consider donating today.*

*If you would like to donate online, please visit our website at [www.carolinaraptorcenter.org](http://www.carolinaraptorcenter.org). Please make checks payable to Carolina Raptor Center.*

**OR**

*Scan the QR code with your phone camera to be directed to our donations page.*



**On average, it costs \$500 for up to 3 months of care to an injured raptor!**