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							
Address:	Stre	et Address				Apartment/Unit #	
	City				State	ZIP Code	
Phone:			Email:				
Would you li	ike t	be present for the patient's release?	YES	NO			
Patient Information							
Address fou	ınd:						
(if different that above)		Street Address				Apartment/Unit #	
		City			State	ZIP Code	
Date/time found:			Reasor	n for a	dmission:		
Was the patient given any food or water? $\ \square$ YES NO			If yes, p	lease	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. Please make checks payable to Carolina Raptor Center.

<u>OR</u>

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!