



Wildlife Rescue of Charlotte

Good Samaritan Release Form

24 - _____

Intake #

Date: _____ Time: _____ am pm

First Name: _____ Last Name: _____ Phone: _____

Address: _____

City: _____ NC SC Zip Code: _____

Email Address: _____

ANIMAL INFORMATION

Date Found: _____ Location Found: _____

Species: _____

Have you fed this animal anything? Y N If Yes, what?: _____

Any other care given to this animal? Y N If Yes, what?: _____

Is the animal: orphaned injured sick

If injured or sick, what did you observe?: _____

PLEASE HELP US HELP THIS ANIMAL:

We are 100% volunteer and donation based. **We don't receive any government funding** to help these wild animals in need and therefore **we cannot do what we do without donations** from the public.

Please consider donating towards the care of this animal that you've rescued.

Donation Amount: _____ Cash Check Venmo CashApp Paypal

I hereby acknowledge that I am turning over primary care of this animal to Wildlife Rescue of Charlotte. Care may include medical treatment, transfer to another facility, release or euthanasia and will be determined at the sole discretion of Wildlife Rescue of Charlotte.

Signature: _____

Internal Use*****

Intake Weight: _____ g / kg / lb F M Age: Neonate / Infant / Juvenile / Sub-Adult / Adult

Disposition Date: _____ DOA EOA DIC Euth Released Transferred to: _____