TORONTO HUMANE SOCIETY

WILDLIFE REHABILITATION

PROPERTY FOR REHABILITATION/RELEASE

NAME _____

ADDRESS _____

_____ PC _____

TEL: HOME: _____ WORK: _____

PROPERTY ADDRESS IF DIFFERENT FROM HOME:

_____

_____ PC _____

TEL: _____

WHAT IS YOUR INTEREST IN HELPING WILDLIFE?

ARE YOU WILLING TO: FOSTER ☐ AND/OR RAISE ON PROPERTY ☐

REHABILITATE ☐ AND/OR RELEASE ON PROPERTY ☐

OTHER ☐ _____

LOCATION OF PROPETY: TOWN, TOWNSHIP, ETC. _____

DESCRIPTION OF PROPERTY: ACREAGE _____ COVER: PASTURE/FIELD ☐ BUSH ☐

WATER: POND ☐ STREAM/CREEK ☐ RIVER ☐ IS THE WATER AVAILABLE YEAR ROUND? YES ☐ NO ☐

BUILDINGS/STRUCTURES OR ENCLOSURES: YES ☐ NO ☐

BARN ☐ SHED ☐ GARAGE ☐ CAGES ☐ OTHER ☐ _____

DOES SOMEONE LIVE ON PROPERTY: YEAR ROUND ☐ SPRING ☐ SUMMER ☐ AUTUMN ☐ WINTER ☐

IF PROPERTY IS RECREATIONAL, IE. COTTAGE, WHEN IS IT USED? _____

PLEASE LIST ANY REHABILITATION/WILDLIFE EXPERIENCE _____

_____

PLEASE LIST TYPE OF VEGETATION AND TREES ON PROPERTY (IE. MIXED, DECIDUOUS, EVERGREEN, ETC.) _____

_____

_____

PLEASE LIST ANY NATIVE WILDLIFE SEEN REGULARLY ON PROPERTY _____

_____

_____

_____

WHICH SPECIES OF WILDLIFE ARE YOU INTERESTED IN HELPING? _____

_____

_____

COMMENTS: _____

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