Wildlife Hospital of Louisiana Adopt-a-Patient Form

The Wildlife Hospital of Louisiana cares for over 1,600 wildlife cases every year. Our ability to care for these animals is strictly dependent on donations from private citizens and businesses. We do not receive any state or federal funding. Therefore, your donations are the key to our success. Money donated towards the care of wildlife patients will help cover the cost of food, housing, and veterinary procedures and treatments provided during the animal’s stay. The cost of care for each animal can vary greatly with the species and type of injury but may range from $50.00 for the basic care of an orphan squirrel to over $3,000 for an orthopedic surgery in a Bald Eagle. Although the animals cannot speak for themselves, we assure you they grateful for your contribution.

Print Name: ____________________________________________________________ Date: ________________
Address: ______________________________________________________________________________
City/State/Zip: _____________________________________________ Phone: ___________________________
E-mail: ____________________________________________________

Payment must be made payable to the LSU Foundation: Check  Money Order
For credit card contributions: _____Visa  _____ MC  _____ AmEx  _____Discover
Card Number ______________________________________________ Exp. Date ___________
Cardholder’s Signature _______________________________________

Please select the amount of your donation:

___$25  ___$50  ___$100  ___$200  ___$300  ___$400  ___$500  ___$1,000  ___Other, specify amount $__________

Send this form with check, money order, or credit card information to:
Dr. Javier Nevarez, Wildlife Hospital of Louisiana, LSU School of Veterinary Medicine, Baton Rouge, LA 70803

THANK YOU FOR YOUR CONTRIBUTION!!!!!!!!!!!!!!!!!!!!!!!
Wildlife Hospital of Louisiana Donation Form

If you would like to make a monetary donation to the Wildlife Hospital of Louisiana, please complete this form and return it with your donation to Director of Advancement, Judyth Wier, LSU School of Veterinary Medicine, Baton Rouge, LA 70803.

Print Name: ____________________________________________________________ Date: __________________

Address: _______________________________________________________________________________________

City/State/Zip: _____________________________________________ Phone: ______________________________

E-mail: ____________________________________________________

Payment must be made payable to the LSU Foundation:  
Check  Money Order

For credit card contributions:  ____ Visa     ____ MC     ____ AmEx     ____ Discover  Amount $ __________________

Card Number _________________________________________________________ Exp. Date ___________

Cardholder’s Signature ________________________________________________

Thank you for your support!