# The Ridgeline NEWSLETTER OF THE BLUE RIDGE WILDLIFE CENTER SELINE

# A Year in our New Wildlife Hospital

Our radiology area, surgical suite, and in-house lab in use

### New Team Members at BRWC



### Dear Friends of Wildlife —

We have officially reached the first anniversary in our new facility! With summer in full swing, we have 15 dynamic, committed interns supporting our work, campers learned about wildlife and their habitat, and our rescue, rehabilitation and release activities are at full steam!

I am happy to report that there have been some new additions to BRWC over the past few months. In March, the Board voted to add four additional members to its ranks: Timothy Bates, Susan Galbraith, Judy Landes, and Russ McKelway. (See article in this issue).

And, I am very pleased to announce our newest addition—Chris Scott—who began on May 1 as our Executive Director. We are fortunate to have Chris in this leadership position and hope you will each get to know him over time.

This will be my last "Letter from the Chair" and, instead, there will be a "Letter from the Executive Director" in this spot. I leave the other half of this page for Chris to introduce himself to you!

Thank you for all you do to help us help our native wildlife survive and thrive!

### With best regards, Lisa Goshen



It has been a whirlwind since I started May 1 as the Executive Director of the Blue Ridge Wildlife Center. I have been impressed daily with the staff, volunteers, and Board Members of this organization. Our mission is a weighty one and I am excited to join the team.

I have spent my life's work in nonprofits in a variety of settings and missions. I have served with youth, assisted with disaster recovery, and worked to improve standards of housing in the region. In between positions, I served as a consultant with a variety of nonprofits, advis-

ing on startup operations, strategic planning, and media relations, among other areas.

I live in Winchester and have been involved in the community in several ways. I serve on the Board of Directors of Habitat for Humanity Winchester, Frederick, and Clarke. I coach my oldest daughter's Destination Imagination team. I am involved in my church and am working towards a long-term personal goal of earning my doctorate—which I should do by May, 2018. I have rediscovered a long-buried interest in running over the past year or so, completing several half marathons in the past couple of months. I may not be fast, but I can go the distance and I enjoy the process—an approach that suits many areas of my life.

My wife, Heather, is an artist and an art teacher at John Handley High School in Winchester. She also operates her own studio, Lightning Bug Hollow Studios, where she works in a variety of media, including painting, pottery, jewelry and more. We have two daughters, a 6th grader and a 3rd grader.

I am excited and eager to join the incredible staff of BRWC to meet the mission of protecting native wildlife in our region. We are all connected on this planet and we have a responsibility for one another. Whether wildlife or humans, all are deserving of care and protection. The Blue Ridge Wildlife Center is uniquely poised to play a vital role in this effort of care. It is an honor to be a part of this work. Please stop by and see our community's great facility for native wildlife—I look forward to meeting and thanking each of you for your steadfast support to our mission! Your continued support is so important to us!

Chris Scott
Executive Director

On the Cover:

Common Snapping Turtle radiograph revealing eggs.

### The Ridgeline

Published by Blue Ridge Wildlife Center 106 Island Farm Lane | Boyce, Virginia 22620

Wildlife Hotline: 540-837-9000 E-mail: info@blueridgewildlifectr.org Web: www.blueridgewildlifectr.org

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The Blue Ridge Wildlife Center is a 501 (c) 3 charitable organization established to provide quality rehabilitative care to native injured and orphaned wildlife and other helpful information to the public in northern Virginia. The Center operates the Wildlife Hotline at 540-837-9000.

The Center also presents environmental education programs for people of all ages. For more information contact education@blueridgewildlifectr.org.

The Center relies on private donations exclusively. It receives no funding from federal, state, or local governments.

Contributions are tax-deductible.

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# The Difference a Year Can Make

By Jennifer Riley, DVM

Being in the new hospital this past year has enabled the staff to provide immediate and improved care for wildlife with traumatic injuries. In the past, radiographs and surgeries had to be scheduled in advance, the animals were transported to a local small animal hospital for necessary procedures, and then returned to the Center's small facility for post-procedure care. Transportation adds significant stress to wild animals and, in some cases, can even result in death.

The flow of our new hospital suite allows for very smooth and rapid transitions to minimize stress on the animal. An animal with a fracture, if otherwise stable, can be sedated in our treatment room and immediately moved to the adjacent imaging room for radiographs. If surgery is deemed necessary, the animal is moved to the adjoining surgery room. When we need to reassess postsurgical progress, we can easily sedate a patient and get new radiographs to confirm healing.

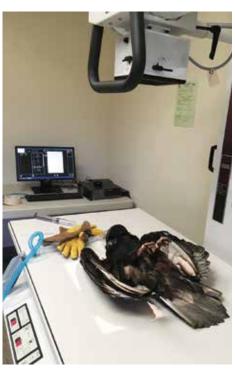




ABOVE: Dr. Riley (right) and volunteer Janie Beal perform surgery to remove foreign body from a Turkey Vulture. Photo by Jessica Andersen RIGHT: Radiographs are taken of the Turkey Vulture. Photo by Dr. Jen Riley BELOW: Common Snapping Turtle hit by vehicle.

Photo by Dr. Jen Riley

In the past year, we have performed over 100 surgeries at our wildlife hospital. Of these, nearly 25% were orthopedic surgeries on turtles. Almost all of these injuries had been caused by vehicles. Some turtle fractures require minor repairs that can be accomplished by splinting or pulling together bone edges with hook-andeye closures or other hardware while under sedation. Others require more invasive surgeries to repair fractured bones, especially if the fracture is not very fresh. Snapping turtles can be especially challenging due to the strength of the fixators required to stabilize severe fractures. As these large turtles can be difficult to get eating after surgery, feeding tubes are placed while they are anesthetized for surgery. Reptile bones can take three months to heal—much longer than avian or mammal bones—so it is important that we stabilize the bones as well as possible and keep patients well-fed.



Another 25% of the surgeries were avian surgeries—most of these were orthopedic in nature, while a handful were soft tissue procedures, including removal of foreign bodies that had been ingested or severe wound repairs. When birds are struck by vehicles or sustain other traumatic injuries, many require surgical repair. A lucky few can heal with bandaging alone. For birds that require surgical repair, the prognosis is significantly better when the fracture was closed at intake, meaning the bone had not poked through the skin and been contaminated prior to being admitted. Nearly half of the avian orthopedic surgeries we performed in the past year were open at intake, and despite this, we had a >80% release rate on birds where surgical repair was performed. Time is a significant factor in any fracture, but this is especially true with birds. Waiting even a few hours between the traumatic event and treatment can mean the difference between life and death. In that time, a fracture





that was closed can become open or an open fracture can become severely contaminated.

Some of the surgeries performed in the past year were quite unique, such as a hernia repair on a Groundhog and a partial hind leg amputation on a Gray Tree Frog, though most major surgeries we performed were on broken wings or broken shells. In addition to the more invasive surgeries, we performed 60 minor surgical procedures, including the treatment of many abscesses and lacerations most commonly caused by cat attacks. Feline mouths harbor very dangerous bacteria and their sharp teeth introduce these bacteria deep into

TOP LEFT: Osprey recovering from surgery of pinning two open fractures of the distal radius and ulna. Photo by Dr. Jen Riley

CENTER LEFT: Bald Eagle in surgery to clean out a soft tissue wound with maggots and dead muscle tissue. Photo by Jessica Andersen

CENTER RIGHT: Dr. Riley places an external fixator on a Barred Owl humerus. Photo by Jessica Andersen

BOTTOM: A young Red Fox is assessed for signs of infection in metacarpals due to a puncture wound to leg. Photo by Jessica Andersen





tissues before pulling out and often closing the wound as it exits. Without proper antibiotics and drainage, the vast majority of these animals would not survive.

In addition to surgical procedures, we have performed over 300 non-surgical procedures that require anesthesia. These include things such as physical therapy, bandage changes, wound cleanings, and radiographs. Not every patient needs to be anesthetized for such procedures, but in painful or high-stress patients, anesthesia can make the situation safer and less stressful for both the patient and the staff involved.

We are incredibly lucky to have a digital x-ray machine at the Center. In the past year, we have taken over 500 images on more than 150 patients. This number would not have been possible without the convenience of on-site radiology. Not only are we able to get initial radiographs easily, but we can closely monitor the progress of healing fractures by taking periodic radiographs throughout treatment. Because the x-rays are stored digitally on a computer, we can easily email the radiographs to other veterinarians for consult.

We also have the benefit of an in-house laboratory. This has allowed us to do bloodwork on over 150 patients so that we can track an individual's response to treatment. We have also used our in-house lead machine to test for lead in over two dozen raptors, only two of which were negative for the toxic metal to which they are exposed by eating from carcasses contaminated with lead shot. Over 650 fecal floatation tests were run in the lab this past year to help us assess and treat any parasitic infections occurring at the Center. Lastly, we have performed over 90 in-house necropsies to help determine cause of death in situations where the cause was unclear.

Having this hospital facility has truly allowed our staff to perform the highest quality of wildlife veterinary care available. This means we can do a better job getting these animals treated and returned to the wild quickly and most importantly that we can gain a better understanding of the issues threatening our native wildlife.

# Turtle Surgery and Rehabilitation



**Upper Shell Fracture** 

This Common Snapping Turtle was hit by a vehicle and came to the Center with a fracture of her carapace (upper shell). Many people do not realize that the turtle shell is made of bone—this is living tissue and fractures are extremely painful, just as a broken bone would be for a human. As soon as a patient comes to the hospital with a fracture like this, strong pain medications are administered immediately. If the patient is sufficiently stable, anesthesia is then induced with injectable drugs. These water turtles can hold their breath for very long periods of time and cannot be masked down with gas anesthetics like birds or mammals. Once under anesthesia, surgical repair can begin.

Turtle fractures are flushed with lots

BRWC Hotline: 540.837.9000

By Jennifer Riley, DVM

25% of the surgeries performed at the Center this past year were on turtles of three species: the Eastern Box Turtle, the Eastern Painted Turtle, and the Common Snapping Turtle. 90% of these turtles were admitted to the Center as a result of a vehicle strike.

From June 2016 - June 2017 we performed 18 fracture repair surgeries, eight aural (ear) abscess treatments, and seven amputations.

of sterile saline and the patient is examined for any punctures into the coelom, the body cavity, that would greatly reduce the chances of survival. In many cases, fractures are not fresh enough to simply pull the bones back together. Unlike humans, snapping turtles rarely come into the hospital as soon as an injury happens. If the fracture occurred greater than 24 hours before admittance, we often need to drill away the unhealthy tissue on the edges to freshen them for ideal fracture repair conditions. Once this is done and we have determined that the remaining pieces of bone are still bleeding and viable, we can begin to pull the fracture together.

In some cases, if the two fractured segments are pulling apart with great strength, surgical screws may need to be placed in the carapace. Then the fracture can be pulled together using surgical wire. In this case, there was not

ABOVE: Drilling carapace with dremmel to freshen edges prior to final flushing and zip tie placement. Photo by Jessica Andersen

BELOW: Glued zip tie mounts show how the fracture was pulled together. Photos by Dr. Jen Riley



a significant amount of tension on the fracture line so screws were not needed. Instead, zip tie mounts were glued to either side of the fracture line with epoxy. Zip ties could then be used to pull the fracture together. We never use epoxy or other material across the fracture line itself as this can create a physical barrier between two segments that are trying to heal together. Using epoxy or glue over the fracture line can also prevent drainage and cause severe infections.

After three months in care, this turtle's zip tie fixator was removed and the turtle was returned back to her point of origin.

### **Jaw Fracture**

This turtle came to us after being hit by a vehicle. In addition to a fracture of the carapace, this turtle had a double



fracture of its mandible (lower jaw). Part of the repair included a paperclip brace holding the two halves of the left mandible together and a brace splinting the fracture at the midline. A bandage of masking tape was used to hold the mandible in place temporarily. The carapace fracture was directly over the spine, which often leads to paralysis and warrants euthanasia in many turtles. This patient was lucky because the carapace damage, though covering a large area, was relatively superficial and only went into the muscle layer



ABOVE: Turtle after 4-5 weeks of rehabilitation, his mandible well on the way to full recovery. Photo by Jessica Andersen

just below the shell. The fracture could not be pulled together as pieces of the shell were missing entirely, but this area was instead managed as an open wound. Early on, wet-to-dry bandages were used to help clean that area, then honey bandages were used to keep the open wound clean and encourage healing. Over time, this area has started to harden up and will continue to do so after release until it is nearly as hard as the shell itself.

Once snapping turtle fractures like this turtle's mandibular one are aligned under anesthesia, we frequently put feeding tubes in these turtles so that we can safely provide nutrition as they heal. In this case, to help the mandibular fracture heal, we did not offer food by mouth for the first 2 months that the turtle was in care. However, many snapping turtles refuse to eat while in care, especially when they cannot be in deep water while healing from some injuries. With this low likelihood of eating in captivity, we generally place a tube surgically while the animal is under anesthesia for fracture repair. These tubes enter the esophagus through the right side of the lower neck and terminate in the stomach. We can then use critical care diets to feed the turtles until they begin eating on their own. The feeding tubes can also be used to provide the turtle with pain medications and antibiotics. Having the feeding tube available to the staff greatly limits pain and muscle damage to the turtle since they would require injections into the muscle every few days without it. It also makes treatments safer for the staff as the dangerous biting end can be avoided.

Turtles are given pain medications and

antibiotics, at least for the first few weeks, so that they can heal as comfortably as possible and to help prevent infections. After a few months of healing, the external fixator and feeding tube,

if present, can be removed and the turtle can finally be released with an intact shell.

The photo on the far left is of the turtle after 4-5 weeks of rehabilitation, its mandible well on the way to full recovery. The turtle was released this June after nearly 3 months in care!

### Mycoplasma Turtle

Upper respiratory infections are one of the most common issues we see in

turtles with one big exception of hit by car cases. There are many causes of upper respiratory infections, but one of the most common is an infection called



mycoplasmosis. This infection is one of the many concerns when turtles are released away from their home area. Many turtles are asymptomatic carriers and appear healthy, but can be carrying this disease. Other turtles with overlapping home areas may have already been exposed, but if you release a turtle in a new area, you are releasing the disease to that area with the turtle and potentially making the entire population sick. To make matters worse, turtles released outside their home area will spend all of their time trying to get home. This leads to the disease being spread farther than it ever would have spread naturally. Turtles with swollen eyes and nasal discharge like the one seen here are likely suffering from mycoplasmosis and should come to the Center for treatment right away. Though we can treat the symptoms, the turtle must be released exactly where it was found so that we do not expose other to the disease. Being exact about the found location is extremely important with all animals for their survival, but with some species, including turtles, it can be critical to the survival of the entire population.

Photo by Jessica Andersen

# General Turtle Ecology

Turtles take a long time to recover, but each turtle is incredibly important. The Common Snapping Turtle is an important aquatic scavenger. They are considered the vultures of the underwater world. They also keep other populations in check by predating upon animals when they are plentiful (e.g. goslings and ducklings in the Spring). Many turtle species are declining in many areas due to habitat loss, vehicular collisions, and pollution. Since so many of their problems are caused by humans, the Center is very passionate about educating the public to prevent such injuries and fixing these injuries when they do occur.

Turtles begin awakening in the Spring and start crossing roads to find food and mates. Please be aware of these creatures while you are driving and help turtles safely cross the road in the direction they were moving when it is safe to do so. Never pick a turtle up by its tail as this can cause severe spinal damage and paralysis. Turtles should never be relocated beyond the opposite side of the road as diseases can be spread to other locations with this practice. If you find a turtle that may have been injured on the road, please call the Center for advice right away so the animal can get the care it deserves.

# Interesting Cases Rehab Corner

Stories by Jessica Andersen



# PEREGRINE FALCON FLEDGLING

(Falco peregrinus)

We received a Peregrine Falcon fledgling from Possum Point Power Station in Dumfries, Virginia. It had fallen from an established nest while trying to fledge but was unable to be put back up to safety. The Power Station personnel contacted a biologist who works with the Center for the Conservation of Biology (at the College of William and Mary) to help boost the populations of Peregrine Falcons in Virginia.

This biologist was interested in placing the bird in a "hack" site in Shenandoah County with a few other fledgling falcons. The process of "hacking" involves placing fledglings in a protective nest box. Biologists will feed them daily for 10-15 days until the box is opened and the birds are released. Food is provided until they are consistently hunting on their own. This management process is important because the population in the mountainous areas of Virginia isn't yet self-sustaining.

The biologist contacted BRWC to see if we could care for the falcon until it could be transported to the hack site. Of course, BRWC happily obliged to help with this conservation effort!

Peregrine Falcons were extirpated from Virginia in the 1960s due to the extensive use of the pesticide DDT, which contaminated and compromised the viability of their eggs. Around 1975, the U.S. Fish and Wildlife Service developed a Federal Recovery Plan to help propagate Peregrine Falcons back into the wild.

Photo by Jessica Andersen

BRWC Hotline: 540.837.9000

### **ALBINO GROUNDHOG**

(Marmota monax)

This groundhog was brought to us after a dog attack. As you can tell by its unusual coloration, it's an albino, a congenital genetic abnormality that affects the production of melanin in the skin or hair. Without melanin, there's no pigment. Without pigment, you can see the blood

vessels just below the tissues, making the skin a pink color under the white hair. The eyes also appear red, as the blood vessels are all that can be seen without a pigmented iris. A rare and exciting sight here at the Center! ■

Photo by Dr. Jen Riley

# **Diving Birds**

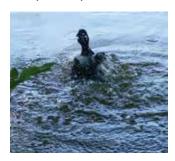


### **LESSER SCAUP**

(Aythya affinis)

Three interesting waterfowl species came in for care this spring. A male Lesser Scaup was brought to us in March after it was found near a road, down and easily caught. It was suspected that this duck had been struck by a car, possibly while resting at Shenandoah University's ponds while migrating north. On intake, there were no injuries found, but he was skinny and subdued during the exam, showing no fight or aggression toward BRWC staff rehabilitators. He was in care for two months. slowly putting on weight as he was tube-fed four times a day until he was eating enough on his own to maintain his weight. In May, he was released on the Shenandoah River to continue his migration.

Photo by Dr. Jen Riley



### **RUDDY DUCK**

(Oxyura jamaicensis)

A male Ruddy Duck was found at a water treatment plant, depressed and easy to catch. It was suspected that the bird collided with one of the buildings while migrating through our area and thus was unable to continue its journey. Blood was found on one wing, but no major wounds or injuries were discovered during the initial exam.

As it perked up, however, it developed torticollis, a neurologic head tilt. During its stay at the Center, this duck underwent daily physical therapy and tube feedings to maintain weight as the head tilt prevented self-feeding. After nearly three months of care, the patient was holding its head normally, acting like a normal Ruddy Duck, and was finally ready for release in early August. ■ Photo by Kim Freid

LEFT: Release of the fully recovered Lesser Scaup on the Shenandoah River. Photo by Erin Balser



### **HORNED GREBE**

(Podiceps auritus)

A Horned Grebe also made its way to BRWC this year after accidentally landing on a wet roof that probably looked like a lake from the cloudy sky above. Like loons, these birds cannot take off from the ground but instead require significant stretches of water to achieve flight. When thev mistake wet surfaces or parking lots for a lake, they can become badly injured or unable to resume flight. Luckily, this grebe had minimal abrasions and no fractures. It was released in iust two days.

Fun fact: These adorable little grebes do not always get along with Ruddy Ducks in the wild. Horned Grebes will sometimes harass Ruddy Ducks by attacking them from underwater, a behavior known as submarining. 

Photo by Dr. Jen Riley

### **MALLARD EGGS**

(Anas platyrhynchos)

A rare opportunity occurred this spring when a Frederick County Animal Control officer found a dead female Mallard on a nest of eggs. Though we



normally don't incubate eggs because they have specific incubation requirements unique to each species, one egg on the scene was found broken with a fully developed duckling inside. Therefore, we decided to move forward with the incubation as they were so close to hatching. The next morning, when we arrived at the BRWC, we were greeted with the highpitched peeping of Mallard ducklings! These ducklings were raised at the Center and released as a group at the end of June. ■









BLUE RIDGE WILDLIFE CENTER INVITES YOU TO

# HILLS ARE ALIVE!

2017 Soirée



# Saturday, September 16 | Montevento | Berryville, VA

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SPACE IS LIMITED | FOR MORE INFORMATION CONTACT FRANNY CRAWFORD AT FRANNY@BLUERIDGEWILDLIFECTR.ORG

# **Baby Shower**



Our seventh annual Baby Shower event held this past June was a huge success! Our deepest thanks go out to over 400 people who attended the event, bringing enough "gifts"—much needed supplies—to fill a large horse trailer. These items, such as dog and cat food, baby food, paper towels, and bleach are used to help the Center raise over 1,000 orphaned wild animals a year.

The highlights of the day included wildlife face painting, a raffle, and face-to-face meetings with our educational ambassadors, including Beeker the Striped Skunk. We hope that you and your family were able to attend and thank you to all of our volunteers who helped put this event together. And special thanks to Boyd's Nest for providing their delicious BBQ plates and hot dogs for the kids.

If you were unable to make the event and would still like to donate, please feel free to call the Center to schedule a donation drop off. ■

## Summer Interns

BRWC Hotline: 540.837.9000

We have 15 interns with us this summer from diverse areas and backgrounds. We could not raise over 1,000 orphans without their help. During their internship, they will learn everything from wildlife-human conflict resolution to husbandry and natural history of our native wildlife. We make sure they see all aspects of the Center—they will assist the vet, help with rehabilitation,

rescues, and releases, be camp counselors at our summer camp, and attend education programs. We thank them for spending their summer with us!

Our 2017 summer interns are: Elizabeth Barber, graduated Virginia Polytechnic Institute and State University; Jenna Chappell, Bridgewater College; Leah Dunston, Ohio State University; Kim Freid, Tufts Cummings School of Veterinary Medicine; Emma Gillies, McGill University; Mackenzie Guenther, University of Mary Washington; Aubrey Lasche, University of Iowa; Haena Lee, Midwestern University;





ABOVE: Jill Spuria examining a fecal sample from our Red Fox patients. Photo by Dr. Jen Riley

LEFT: Kim Freid treating an American Toad patient.

Photo by Dr. Jen Riley

Caroline Moody, Virginia Polytechnic Institute and State University; Hanna Moreland, Viking Capstone Project at Loudon Valley High School; Natassia Podgorski, George Mason University; Jill Spuria, Shepherd University; Juselyn Tupik, College of William and Mary.

We also thank our supporters that are housing some of our full-time interns! Thank you Lisa and Bob Goshen, Karen Jackley, Vicky Newell, Andrew Stifler and Nicky Perry, and Dr. Jen Riley and Mike Oak. ■

# Wildlife Discovery Camp



The Wildlife Discovery Camp is over for the summer, but what a blast! Campers flocked to the Center's Ronald M. Bradley Learning Center for four weeks of science, fun activities, nature walks, and animal encounters. Each of the two one-week sessions for each age group were filled with returning campers as well as fresh faces, eager to

learn about raptors,

pond life, tracking, habitats, and the science of rehabilitation.

Our thanks to Ms. Kristi Titus and Ms. Abbey Bierman for their wonderful job as this summer's camp directors. Photos by Dr. Jen Riley



# Society of Wildlife Guardians 2016\* Charter Members

The following donors accepted the call to be among the first to join our annual Society of Wildlife Guardians with gifts of \$500 and above. This group led the charge to help the Blue Ridge Wildlife Center provide quality care for our wildlife patients, and present educational programs that encourage students, children, families, and adults to learn more about our native wild animals and their habitat and environment. We thank each of you for your generous support. (\*NOTE: This effort was launched on December 9, 2016. Several donors pledged in 2016 and paid in 2017. We are listing all the charter donors here (through February 2017). In subsequent Annual Reports, we will list only those who paid in the reporting year.)

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Every effort has been made to provide an accurate listing of donors to all categories. We apologize in advance for any errors or omissions. Please contact Franny Crawford (franny@blueridgewildlifectr.org) with any comments.

### **Annual Giving 2016**

The following alphabetical list includes all donors to our Annual Fund through our Newsletter, Animal Admissions, Monthly Giving Program, and other gifts that support our day-to-day operations. The BRWC receives no government funding and relies solely on individual gifts and foundation grants. The BRWC relies on you to support the work of rescue, rehabilitation, and education. We cannot exist without your yearly unrestricted gifts. Elsewhere in this issue, we list the 2016 charter gifts to the Society of Wildlife Guardians. Those donors are also listed here alphabetically. From all our patients and Education Ambassadors, and from the children who hear their stories and aspire to be Wildlife Guardians, THANK YOU!

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### Baby Shower 2016

Each year the Baby Shower encourages donors to bring gifts in support of our growing Baby Season at the BRWC. From March through August, many babies of all native species pass through our doors. We use our Baby Shower as a time to collect items that help us feed, house, and care for our patients. We also offer educational programs for the children and plenty to do for families who want to learn more about our native wildlife. Thank you for your generous support of these young patients. Your help gives them a chance to return to the wild.

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In 2016 the BRWC received just over \$56,000 in gifts of food, office supplies, baby nesting materials, labor, cleaning supplies, caging, medical supplies, and other items necessary for serving our patients. The BRWC counts on these gifts of materials so necessary to our bottom line. Without them, we would be required to raise additional dollars to underwrite these supplies. Thank you to all of our thoughtful donors who consistently and generously bring us these goods and services. We are most grateful!

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# Where the Wild Things Are 2016 Gala

We thank all those who were patrons, sent donations, attended the event, bid generously on our campus improvements or purchased wonderful educational excursions. We broke all records and raised nearly \$200,000. Special thanks to Beatrice and Adie von Gontard who so generously underwrote the event and provided Clydesdale Carriage Rides, wonderful wild flowers, and the special location that is Oxbow Farm.

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# Campaign to Build a New Wildlife Center

The following list includes all donors to the capital campaign to build the new BRWC facility. How can we ever thank each one of you for the incredibly generous support provided for this building project. We are close to the end of the campaign. With \$200,000 left to go, we still have naming opportunities to offer you for your genrous gifts. Help us finish the campaign! *Thank you for your generosity!* 

For further information about how you can help complete the capital campaign, contact Christopher Scott, Executive Director at chris@blueridgewildifectr.org or call (540) 837-9000.

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# Skunk Orphan

**Every summer, we receive** many skunk orphans and even more phone calls from people concerned that skunks may be orphaned. Once they have their eyes open and are mostly coordinated on their feet, young skunks start exploring the world just outside of their den. Mom is often nearby at this age, even though you may not see her. Unless the babies seem in distress, injured, or lethargic, it's always best to leave them to be taken care of by their mother. Photo by Jessica Andersen