



ARMIDALE RESCUE Licence No MWL000100242

Phone NO.1800 008 290

GLEN INNES/DEEPWATER

Kelly Stumbles 67- 321838

WILDLIFE VET INFORMATION SHEET

DATE-----/-----/-----

SPECIES-----
-

RESCUER-----**PHONE**
NO.-----

RESCUERER'S ADDRESS-----

LOCATION FOUND (IMPORTANT! SOME ANIMALS ARE TERRITORIAL.FOR RELEASE PURPOSES PLEASE NOTE EXACT) -----

DESCRIPTION & POSSIBLE CAUSE OF INJURY OR ILLNESS
(E.g. Hit by car, leg broken. / Cat attack / Puncture wound on leg)

FOSTER CARERS USE ONLY:

Carers please note: Any costs expected to be over \$20 must have prior approval of a Member of the Executive Committee. Approval No _____

CALL NO-----**FOSTER CARER'S NAME**-----**PH.NO:**-----

ANIMALS NAME-----

VET USE ONLY

Please note: Any costs expected to be over \$20 must have prior approval of a Member of the Executive Committee. Approval No.....

NAME VETERINARY SURGERY _____

DIAGNOSIS _____

TREATMENT _____

CARE INSTRUCTIONS _____

FATE? _____

NORTHERN TABLELANDS WILDLIFE CARERS INC.

WILDLIFE VETS COST APPROVAL

DISTRICT LOCATION OF VET.....

DATE...../...../.....

CALL NO.....

SPECIES.....ANIMALS NAME.....

RESCUER.....PHONE NO.....

NAME VETERINARY SURGERY.....

.....

AMOUNTS.....APPROVED BY.....

APPROVAL NO.....DATE...../...../.....

(CFR 5 10/2/2006)