

Northern Tablelands
Wildlife Carers Inc.
P.O. Box 550.
ARMIDALE NSW 2350
Licence No MWL000100242
Free Call PH. 1800 008 290



FOSTER CARE REPORT

Animals Name..... Call Number.....
Name of Caller..... Date...../...../.....
Address.....
..... Phone.....
Name of the Rescuer..... I.D No..... Phone.....
Animal Species..... Age (circle); baby juvenile adult Sex: M / F
Area found..... Date...../...../.....
General Condition (injuries, hydration, or other reasons for rescue)
.....
.....

Veterinary Report

Name of Vet..... Phone.....
Diagnosis.....
Treatment.....

Foster Carer Information

Name of Foster Carer..... Date...../...../.....
..... I.D. No..... Phone No.....
Feeding Routine.....

Weight gains information; Initial weight Date...../...../..... **Weight Gains**..... Date...../
...../..... Weight..... Date...../...../..... Weight..... Date...../...../.....
Weight..... Date...../...../..... Weight..... Date...../...../..... Weight..... Date...../...../.....

Fate

a) Released; Date...../...../..... Time..... Weight.....
Location of release.....
b) Other.....
c) Died..... Date...../...../.....
Autopsy Results.....
Date...../...../..... Time..... Vet.....
d) Euthanased..... Reason.....

This form must accompany animal at all times. (e.g. include with any animal transfers)

When fate known tear off & return to Co-Ordinator or post to NTWC, P.O. Box 550 Armidale NSW 2350

FATE: Carers Name.....Animals Name.....Call Number.....

a) Released; Date...../...../..... Time..... Weight.....
Location of release.....
b) Other.....
c) Died..... Date...../...../.....
Autopsy Results.....
Date...../...../..... Time..... Vet.....
d) Euthanased..... Reason..... (CFR 2 10/2/2006)