

**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)