

**NORTHERN TABLELANDS,  
WILDLIFE CARERS INC.,  
Licence No MWL000100242  
P.O. BOX 550.  
ARMIDALE NSW 2350  
PH. FREE CALL No. 1800 008 290**



**ANIMAL TRANSFER FORM**

DATE IN...../...../..... DATE OUT...../...../..... CALL NO.....  
ANIMAL SPECIES.....ANIMALS NAME.....  
TRANSFER FROM.....  
CONTACT NAME.....PH.NO.....  
TRANSFER TO:.....  
CONTACT NAME.....PH.NO.....  
REASON.....  
.....  
GENERAL CONDITION.....  
COMMENTS.....  
.....

**SIGNATURES**

TRANSFER FROM.....  
TRANSFER TO.....

**PLEASE ATTACH A COPY OF THE FOSTER CARER REPORT**

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**(CFR3 10/2/2006)**