

DISTRICT LOCATION OF VET

.....
RESCUE NO. Free Call Ph. 1800 008 290

Treasurer: Julia Rose Ph 67753767

Chairperson: Harold Heffernan:67781357

Licence No MWL000100242



WILDLIFE VET INFORMATION SHEET

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

SPECIES-----**ANIMALS NAME**-----

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

RESCUERER'S ADDRESS-----

LOCATION FOUND (Important! Some animals are territorial. For release purposes please note exact location found.)-----

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 CARERS 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?_____

(CFR4 26/10/2008)

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)