

**Northern Tablelands
Wildlife Carers Inc. P.O.
Box 550. ARMIDALE
NSW 2350
G.LicenceNo. 10038 PH.
180C008290**

FOSTER CARE REPORT

Animals Name..... Call Number.....
Name of Caller.....",..... Date...../...../.....
Address.....
..... Phone.....
Name of the Rescuer..... ID 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..... Date...../...../.....
Name of Foster Carer..... ID.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 : Carer name and ID..... I;.;*.....

- a) Released; Date...../...../..... Time..... Weight..... Call number.....
Location of release....."!.....•.....
- b) Other.....;
- c) Died.....Date...../...../.....
- Autopsy Results.....
Date...../...../..... Time..... Vet.....
- d) Euthanased..... Reason.....

Animal History Sheet

Call
Number

Date

Species

Reason and other
Information relating
to this (MI

Date	Weight	Tail Length	Feed Amount	Remarks & Comments
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