

Wildcare Australia Inc. Rescue Form



Origin of Call:

- Wildcare General Public RSPCA Job #
 CWH AZWH Local Vet Other

Animal's Name:

Wildcare ID Code:

Caller/Finder – Name:

Contact Number:

Rescue Details

Rescue Location:

Date:

/ / 20

Time:

AM / PM

History: (e.g. observations of caller, how long observed etc)

Animal Details

Species:

Weight:

Sex:

Age:

		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<input type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Baby / orphan	<input type="checkbox"/> Sub-adult <input type="checkbox"/> Unknown
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Reason for Rescue:

<input type="checkbox"/> Hit by vehicle: <input type="checkbox"/> car <input type="checkbox"/> truck <input type="checkbox"/> motorcycle <input type="checkbox"/> plane <input type="checkbox"/> boat <input type="checkbox"/> Attacked by: <input type="checkbox"/> dog <input type="checkbox"/> cat <input type="checkbox"/> bird <input type="checkbox"/> humans <input type="checkbox"/> other <input type="checkbox"/> Entangled in: <input type="checkbox"/> Barbed wire <input type="checkbox"/> Fruit netting <input type="checkbox"/> Other <input type="checkbox"/> Orphaned – mother killed by: <input type="checkbox"/> Dog / Cat <input type="checkbox"/> Vehicle <input type="checkbox"/> Unknown <input type="checkbox"/> Found on ground (reason unknown) <input type="checkbox"/> Suspected Injury (reason unknown) <input type="checkbox"/> Electrocution <input type="checkbox"/> Burns	<input type="checkbox"/> Habitat Loss or Displaced <input type="checkbox"/> Suspected Sick <input type="checkbox"/> Trapped <input type="checkbox"/> Disease <input type="checkbox"/> Other (please detail)
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Initial Assessment

Demeanour	<input type="checkbox"/> Bright + Alert <input type="checkbox"/> Quiet/Depressed <input type="checkbox"/> Moribund <input type="checkbox"/> Distressed <input type="checkbox"/> Other
Body Condition	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Emaciated
Skin/Scales/Feather Condition	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Other
Obvious Injuries/Conditions	
Food / Water provided:	
Medication provided:	

Outcome

Outcome Date: / / 20

<input type="checkbox"/> Died <input type="checkbox"/> DOA <input type="checkbox"/> Euthanased: By Transferred to Wildlife Facility: <input type="checkbox"/> CWH <input type="checkbox"/> AZWH <input type="checkbox"/> RSPCA Access. # <input type="checkbox"/> Vet Clinic Ph: <input type="checkbox"/> Wildlife Carer Ph: <input type="checkbox"/> Other	<input type="checkbox"/> Did not require rescuing <input type="checkbox"/> Unable to locate <input type="checkbox"/> Unable to capture/rescue <input type="checkbox"/> Released back to rescue location <input type="checkbox"/> Released at (address)
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Notes/Comments

Rescuer Name and Contact No.