

# Wildcare Australia Inc. Koala Rescue Form



## Koala details

Name:			
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unchecked
Age:	<input type="checkbox"/> Adult	<input type="checkbox"/> Sub-Adult	<input type="checkbox"/> Baby
Microchip No:			
Ear Tag:	No:	<input type="checkbox"/> Wildcare	<input type="checkbox"/> AZWH
		<input type="checkbox"/> CoGC	<input type="checkbox"/> RSPCA Qld

## Rescuer details

Rescuer Name:	
Rescuer Contact Phone:	
Rescue Group:	Wildcare Australia Inc.

## Caller/Finder

Name:	
Contact Phone:	

## Rescue Date / Time

Incident Date:		Incident Time:	
Rescue Date:		Rescue Time:	

## Rescue Location

Street number and name:	
Suburb:	
Other details to identify location: <i>(e.g. name of park, landmarks etc)</i>	
GPS Coordinates:	
Location koala collected from: <i>(If not collected from rescue site e.g. vet clinic)</i>	
Other notes/comments:	

## Reason for Rescue

<input type="checkbox"/> Hit by vehicle: <input type="checkbox"/> car <input type="checkbox"/> truck <input type="checkbox"/> motorcycle <input type="checkbox"/> other	Speed Limit on Road: _____ km/h
<input type="checkbox"/> Attacked by: <input type="checkbox"/> dog <input type="checkbox"/> cat <input type="checkbox"/> bird <input type="checkbox"/> other	Details of dogs: _____
<input type="checkbox"/> Reported unwell / sick	
<input type="checkbox"/> Found on ground <i>(reason unknown)</i>	
<input type="checkbox"/> Displaced / in danger	
<input type="checkbox"/> Orphaned / without mother	
<input type="checkbox"/> Other – please specify _____	

## Rescue Specifics

Rescued from:	Tree Rescues:	Rescue notes:
<input type="checkbox"/> Ground find	<input type="checkbox"/> Flagged from ..... metres	<input type="checkbox"/> Easy / unremarkable rescue
<input type="checkbox"/> On fence	<input type="checkbox"/> Within arms reach	<input type="checkbox"/> Difficult rescue – please specify – _____
<input type="checkbox"/> From tree	<input type="checkbox"/> Koala trap	
<input type="checkbox"/> Other – _____	<input type="checkbox"/> Tree climber	
	<input type="checkbox"/> Qld Fire Services / Energex / Other	

## Overnight Care *(if applicable)*

Housing:	<input type="checkbox"/> Rescue cage overnight	<input type="checkbox"/> Outdoor rehab enclosure	<input type="checkbox"/> Other (e.g. vet clinic)
Leaf / Appetite:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> Did not eat
Demeanour overnight:	<input type="checkbox"/> Quiet / Depressed	<input type="checkbox"/> Bright and active	<input type="checkbox"/> Other – _____
Veterinary Treatment provided (including medications)			

## Outcome

Date: ...../...../20 .....	<input type="checkbox"/> Transfer to CWH / RSPCA / AZWH	<input type="checkbox"/> DOA
	<input type="checkbox"/> Died in care at (time).....	<input type="checkbox"/> Pap collected by: .....
	<input type="checkbox"/> Euthanased by: .....	

## Notes/Comments

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