

# WILDCARE AUSTRALIA

## ADULT / SUB ADULT FLYING-FOX REPORT FORM

### SECTION A - DETAILS OF RESCUER

Name		Telephone:	
Wildlife Organisation	Wildcare Australia	Animal ID No:	

### SECTION B - DETAILS OF FLYING FOX ON RECEIPT (Overleaf for weights & measurements)

Species		Date Found	
Suburb Found		Sex	
Injury		Age	
Cause		How Aged	
Comments and/or Observations (if necessary)			

### SECTION C - REHYDRATION ON RECEIPT

Administered by: \_\_\_\_\_

Oral _____ mls	Subcutaneously _____ mls	Intraperitoneal _____ mls
Further fluids required		

**TRANSFERRED TO:** (if applicable)      YES / NO

Wildlife Care Organisation -	Date ____/____/____
Carers Name -	ID No:

### SECTION D - DETAILS OF FOSTER CARER

Carers Name	Phone:
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### SECTION E - VETERINARY/TREATMENT REPORT

Diagnosis	Date ____/____/____
Treatment/Medication	

Diagnosis	Date ____/____/____
Treatment/Medication	

## SECTION F - HOUSING

Held for Observation	Small Cage	Time held _____ days
Transferred to Aviary	Date ____/____/____	Time held _____ days/weeks
Number of Animals in Aviary	Males _____	Female _____

## SECTION G - WEIGHTS

RECEIPT Date ____/____/____	Weight _____ grams	Forearm _____ mms
Week 1 Date ____/____/____	Weight _____ grams	Forearm _____ mms
Week 2 Date ____/____/____	Weight _____ grams	Forearm _____ mms
Week 3 Date ____/____/____	Weight _____ grams	Forearm _____ mms
Week 4 Date ____/____/____	Weight _____ grams	Forearm _____ mms

## SUB ADULT MONTHLY WEIGHTS

Date ____/____/____	Weight _____ grams	Date ____/____/____	Weight _____ grams
Date ____/____/____	Weight _____ grams	Date ____/____/____	Weight _____ grams
Date ____/____/____	Weight _____ grams	Date ____/____/____	Weight _____ grams

## SECTION H - FATE

Date ____/____/____	Weight _____ grams	Forearm _____ mms
Release Site (colony)		Band No

## **POST MORTEM**

YES / NO (see attached report - if applicable)

