

WILDCARE AUSTRALIA

ORPHANED & JUVENILE FLYING-FOX REPORT FORM

FOSTER CARER DETAILS

NAME	PHONE
ADDRESS	POSTCODE
ANIMAL ID CODE	

DETAILS OF FLYING FOX ON RECEIPT

SUBURB (where found)	POSTCODE
CAUSE OF SEPARATION	

eg. Electrocution, mother dead on barbed wire, net caught, no mother etc

INJURY (if any)
COMMENTS OR OBSERVATIONS

REHYDRATION ON RECEIPT (No milk feeds to be recorded in this section)

ADMINISTERED BY
ORAL _____mls S/C _____mls I/P _____
FURTHER FLUIDS REQUIRED

VETERINARY/TREATMENT REPORT

DIAGNOSIS	DATE
TREATMENT/MEDICATION	
DIAGNOSIS	DATE
TREATMENT/MEDICATION	

WORMING

1st WORMING DATE	WORMS PASSED YES/NO	NUMBER	
2nd WORMING DATE	WORMS PASSED YES/NO	NUMBER	
WORMS PASSES WHEN FRUIT COMMENCED NUMBER	YES/NO	DATE	
NO WORMING REQUIRED (Tick if applicable)			

FLYING-FOX NAME _____ SPECIES _____
 SEX _____

FOSTER CARE INFORMATION

RECEIPT DATE	___/___/___	WEIGHT	_____grams	F/A	_____mm	AGE	_____days
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These details are to be completed on the day rescued

The following details are to commence 1 week after rescue day

WEEK 1	DATE	___/___/___	WEIGHT	_____grams	F/A	_____mm
WEEK 2	DATE	___/___/___	WEIGHT	_____grams	F/A	_____mm
WEEK 3	DATE	___/___/___	WEIGHT	_____grams	F/A	_____mm
WEEK 4	DATE	___/___/___	WEIGHT	_____grams	F/A	_____mm
FRUIT	DATE	___/___/___	WEIGHT	_____grams		

STARTED

Weaning is the transition from liquid milk to powder milk.

WEANING	DATE	___/___/___	WEIGHT	_____grams	AGE	_____weeks
STARTED						
WEANING	DATE	___/___/___	WEIGHT	_____grams	AGE	_____weeks
COMPLETED						

CRECHE:

CRECHING AT		PHONE	
RECEIPT	DATE	___/___/___	WEIGHT _____grams F/A _____mm
WEEK 1	DATE	___/___/___	WEIGHT _____grams
WEEK 2	DATE	___/___/___	WEIGHT _____grams
WEEK 3	DATE	___/___/___	WEIGHT _____grams
WEEK 4	DATE	___/___/___	WEIGHT _____grams

RELEASE	DATE	___/___/___	WEIGHT _____grams	F/A _____mm	AGE _____
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NOTES