ID# __________ / __________
NAMIBIAN PREDATOR EXAMINATION
Date: (D/M/Y) ____________
Species ID no. 
Farmer's Name: ____________________________ 
Weight: _______ kg (____lbs)
Farm Name: _______________________________ 
Farm Number: ____________
REGION WHERE CAUGHT A. Gobabis B. Grootfontein C. Karabib D. Okahandja E. Omaruru 
F. Otjiwarongo G. Outjo H. Windhoek I. Unknown J. Other ____________

CAPTURE DATA 
Date of Capture (D/M/Y): ______________ 
□ First Capture □ Re-capture □ Re-exam □ Permanent Captive 
Number of Days Captive: 1 (catch day, 1st 24 hours) 2 3 4 5 Other ____________ 
(If exact date is not known for permanent captive, then use first day of month caught) 
Describe Capture Area: 
Why Captured: 
Other Animals Captured at Same Time (give ID # if known): 
Group Size in Wild: ___________________________

DEGREE OF HUMAN CONTACT 
Hand-Raised 
Yes No 

DIET 
A. Meat: □ None □ <1.5 kg/day/female, <2.0kg/day/male □ 1.5 kg/day/female, 2.0 kg/day/male 
B. Calcium Source (supplement, milk, bone): □ None □ ____________ mg/kg/day Product name: 
C. Other Dietary Components: Type: __________________________ Amount/day: 
Last Time Fed: □ <8 hrs ago □ 8-24 hrs ago □ 24-48 hrs ago □ >48 hrs ago 

APPROXIMATE AGE 
□ 0-6 mo. □ >12-18 mo. □ >2.5-4 yr. □ 8-12 yr. 
□ >6-12 mo. □ >18 mo.-2.5 yr □ >4-8 yr. □ >12 yr. 

PHYSICAL STATUS 
□ 1. Excellent (robust, good hair coat) □ 2. Excellent with Capture/Trauma 
□ 3. Good (no specific problem, but not robust) □ 4. Fair (poor hair coat, sores, abscesses, urine/faeces scald, other medical problems) 
□ 5. Poor (severe medical problems, questionable survival) 

HEALTH EXAM 
Demeanor: □ Depressed □ Alert □ Aggressive 
Hydration: □ Well-Hydrated □ Dehydrated, %__________ 
□ Cage/Capture Trauma Wounds □ Lacerations □ Fractures □ Punctures □ Bite Wounds 
Describe (indicate self trauma or management-induced trauma): 
Coat Condition: □ Good □ Fair □ Poor, comment: 
Hair Loss (areas and extent): 
Skin Condition: □ Good □ Warts □ Dermatitis, comment: 
Claw Condition: □ Good □ Broken, describe: 
Pad Condition: □ Good □ Injured, describe: 
Eye Condition: □ Normal □ Abnormal, comment: 
Ear Condition: □ Normal □ Abnormal, comment: 
Teeth/Gum Condition (indicate crowded incisors): 
Respiratory System: 
Digestive System: 
Nervous System: 
Cardiovascular System: 
Ectoparasites: □ Cheetah Flies □ Lice □ Ticks, comment: 
Vaccination History (Indicate killed or MLV, and date): 

IDENTIFICATION (Give ID Number): Ear Tag: ____________ Left/Right (□ Metal, □ Plastic) Tattoo: 
Transponder: ____________ Left/Right Radio Collar: ____________ Other Marks, Notches, Scars (describe): 

FINAL OUTCOME: 
□ Released Location: __________________________ date: ____________ 
□ Held at CCF Base date: from _________ to _________ 
□ Transferred to: __________________________ date: ____________ 

Note: Circle numbers or check boxes that apply. Information on Anaesthesia/Drugs, Samples are on the Anaesthesia record