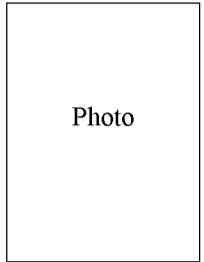


FORM FOR WILDLIFE CLUB MEMBER

S.No _____

1. Name: _____
2. Father Name: _____
3. Gender(Male/Female): _____
4. Date of Birth: _____
5. Education: _____
6. CNIC #: _____
7. Membership in other Organization: _____
8. Profession: _____
9. Postal address: _____
10. Permanent Address: _____
11. Email Address: _____
12. Contact Number: Office _____ Residence _____ Mobile _____
13. Type/Place of rearing facility: _____
14. No of Birds: _____



S.No	Species	Total	
		Male	Female
1			
2			
3			

15. No of Animals: _____

S.No	Species	Total	
		Male	Female
1			
2			
3			

16. Possession License: License Number _____ Validity: _____
17. Sources of procurement of Bird/Animal: _____
- _____
- _____

18. Rearing Experience: _____

19. How do you provide Medicare to your Birds/Animals:

Veterinary Services Self medication

20. Normal feed source (Birds) _____

Normal Feed Source (Animals)

21. Dealing With Mortality: _____

22. Survival Percentage (%): _____

23. Recruitment:

Birds: Hatching percentage _____

Survival percentage of Chicks _____

Animals: Lambing Percentage _____

Survival Percentage _____

Date: _____

Signature: _____