



# GUM TIPS



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## CLOUD



### Who is Cloud????

Cloud is one of the most photographed and loved koalas known to so many people from all over the world. Cloud has been with us since 1994, being a victim of the Spring 1994 Christmas Bells Plains bushfire. Her burns injuries were so bad that after many many months of treatment and care she was still not fit to be returned to the wild. Cloud suffered burnt ears, nose paws, pads and hind limbs. The healing revealed disfigured digits, pads without the protective leathery skin, mottled shabby misshapen ears and claws all gnarled and twisted from the damaged nail beds. All of this made climbing high into the trees an impossibility.

Koalas like all animals have personalities and behaviours that make them all different and unique.

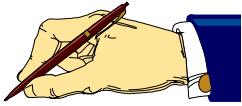
Cloud is one very special koala in being a very shy quiet animal; who is so gentle and placid at all times. She has never attempted to bite anyone nor scratch (not that she could anyway!) and is incredibly tolerant of anything and everyone. She has had other females joeys leap all over her, sit on her and annoy her. She has had adult koalas sit on her, cuff her round the head, and walk all over her. Cloud just bows her head, puts up with it or simply just moves away.

When Cloud looks at you with those big brown soulful eyes and very sad face – you melt.

When she brings her nose up to yours to sniff at you and greet you ever so gently – you melt.

The years are starting to catch up with Cloud as we have all noticed she is moving a little bit more slowly and a bit more stiffly these days, but there are still many more eucalypt leaves here at the Koala Hospital for her to chomp on and plenty of formula for her to drink, not to mention plenty of love from all the staff.

So if your ever passing by, drop in to the Hospital and you'll see Cloud snoozing away in the sun sitting on her favourite gnyah.



## PRESIDENT'S PEN

We are rapidly approaching the end of another year, with this meeting being the last one before the Annual General Meeting. There will be a few changes to the Management Committee when the election of officers is held in May. I for one will not be standing for a third term, and I think the Secretary's position will also be open for nomination. I am aware that all positions will be declared vacant, and who knows maybe there will be a total change but that is something that we will all have to wait to find out.

We have had a quiet period since the last General Meeting, what with Christmas and the Holiday period taking up most of our time. One thing that can be said thought is that with the new shop now in operation our funds have increased two or three fold. I think that we should congratulate Hazel and I hope that all members of the Society will join us.

We are making haste – slowly – in the preparation of the Education Shed. I had some feasible ideas on what we could achieve with this project. We have received a \$5000 grant from the Coastline Credit Union and by using the money wisely we could have an Education section that would not only benefit us it would benefit the general public also. Unfortunately I shall not be in the chair to see the job finished so I would like to wish next years committee every success in this venture.

The only other project that is still under way is the revision of the Constitution. This is a project that has been underway for nearly two and a half years and it is hoped that we may conclude it at the AGM. All members of the Society were notified when Special Meetings were to be held concerning the Constitution but it was left to only a handful of people to make the decisions that will decide the makeup of the final document. Time is important to people I know, but time is also important to those who did turn up. Maybe this project will not be concluded by the AGM. If that is the case then it will be up to the next committee to continue on with it. They may possibly achieve something that the current committee couldn't.

One final point that should not be forgotten, we will be holding our "Open Day" in April. Lets see if we can all get together to make this event as successful as the previous ones.

Ian Parsley

President

## SUPERVISOR'S REPORT:

The hospital has certainly been very busy over the last few months with a number of chlamydial infections being admitted. In conjunction with the Sydney University research team we have been looking at various drugs and their efficiency in dealing with "wet bottom" and eye infections. Although some drugs are producing some very disappointing results, others may have a glimmer of light - it's early days yet!!!

The number of motor vehicle and dog attack admissions have dropped – breeding season tapering off and the pressure of all the holiday makers not driving around town may certainly have had an effect here. We certainly would like to think that the concerted education programme in asking for responsible dog ownership and getting motorists to reduce their speed may certainly be having a good effect.

The novelty of working in the new hospital has still not worn off, as it's still such a joy to work in such an excellent working environment. Although all the faces of the visitors at the treatment room window does make you feel like you're in a fish bowl at times!!! Nonetheless it's a great education tool for the public to see koala rehabilitation in action. We are also getting braver at letting people see what we do!!! The response from the visitors has been excellent, with 99% of comments being very positive.

Staff numbers are excellent, with many new volunteers coming on board and the existing teams all appear to be happy. Training of relief supervisors is continuing very successfully.

On behalf of all the staff, I would like to say a big thankyou to our hardworking committee who have over the last few years produced some amazing results – such as the new hospital, the constitution (a work in progress) and other tasks that all add up to making this hospital and other areas flow smoothly. A lot goes on behind the scenes that most of us are not aware of, so well done team!!! A big thankyou must also go out to everyone else, as every drop of sweat and every floor swept is all part of what makes this place tick – it couldn't survive without the many volunteers who make it happen.

The Supervisors

## EUTHANASIA cont.d....

It's a fine line we tread....will the koala get better? Is there an untried drug available that may save this animal? *How much pain is this koala in?* (bearing in mind that koalas like most native animals do not show much outward evidence of feeling pain, as it's a natural strategy to show to a potential predator "I'm Ok there is nothing wrong with me"). What is the long term future for this animal?

Are long term treatments that we may try be highly stressful, cause further pain for the koala and ultimately a worse prognosis than the disease itself? Are we being fair in putting a wild animal through such treatments?

Euthanasing very ill koalas that are suffering, that we know are beyond help, and are thus hopeless cases frees the staff at the Hospital to give more time, resources, energy and devotion to cases that have a good prognosis for successful long term survival back in the wild.

Ongoing research of koala diseases is vitally important to discover such things as the intricacies and workings of pathogens such as the Chlamydial bacterium and thus how to improve treatments and hopefully one day cure infected koalas of this insidious disease. Having a sound understanding of disease problems through research also enables us to improve the strategies for management of the conservation of the wild koala populations in this country.

Research into seriously ill or injured koalas must also include a list of welfare protocols and procedures that states when it is time to draw the line and stop the suffering. This line may be moved higher or lower as more knowledge is gained from studying and then understanding these complicated but very important facets of koala rehabilitation work.

All of us here at the Koala Hospital are simply trying very hard to do the best we can, with the resources and knowledge we have gleaned over the last 33 years or so, to do what we feel is morally and ethically right for the welfare of the koala. Whether that is right or wrong in others eyes is something only they can decide.

## KOALA CAPERS

*The following is an article taken from the Port Macquarie News.*

A Cattlebrook Road family gave up watching television on Wednesday night when they discovered that the local wildlife can be so much more entertaining.

A koala, who regularly visits the property, caught sight of his reflection in a rear sliding glass door.

It obviously offended him because he spent the next ten minutes boxing the imaginary intruder. When he realized the enemy was not about to back down, our furry friend stomped off with a serious dose of attitude.

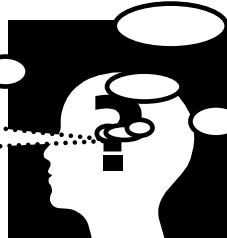
He made it some metres from the rear of the property before turning around and heading straight back to the window to give the intruder another beating.

It is a myth that koalas are drunk or stoned on eucalypt oil!!

Koalas have the most insulated fur of all marsupials having a virtual two layered coat - hence their ability to withstand driving rain and cold and to cope with most hot weather.

Did you know that koalas body temperature is approximately one degree less than ours? And that koalas blood pressure and heart rate is basically the same as ours?

**DID YOU  
KNOW  
?????**



## Introducing The Koala Infectious Disease Research Group

The University of Sydney and the Koala Preservation Society have been collaborating in research into koala disease for over twenty years. During this time over a thousand post mortem examinations of koalas have been undertaken. Many of these animals have been found dead; some have unfortunately succumbed to their diseases, or been euthanased on welfare grounds. The most common infectious diseases of koalas are chlamydiosis and cryptococcosis. A major research initiative investigating these diseases began in 2005 and is funded by a Linkage Grant from the Australian Research Council with substantial contributions from a number of major stakeholders including the Koala Preservation Society, Australian Koala Foundation, Pfizer Australia Pty Ltd (Animal Health), WIRES and Mayne Health Vetnostics.

Chlamydiosis, caused by two chlamydial bacteria (*Chlamydomphila pecorum* and *C. pneumoniae*), involves the bladder and kidneys, reproductive organs and eyes of koalas. It consequently affects fertility, bladder and kidney function and eyesight. Chlamydiosis often produces a long course of illness and may cause death.

Cryptococcosis, caused by the fungus *Cryptococcus gattii*, can cause koala illness and death through infection of the lungs, sinuses and brain.

Despite the commonness of these diseases, knowledge of the development of the disease, prevention and treatment is limited and anecdotal evidence largely determines what therapies are used. There is no stringent scientific evidence as to what therapies are most successful.

The project is a key element in a larger, holistic approach to study of marsupial (in particular, koala) disease. The multidisciplinary team includes a veterinary mycologist with specific expertise on cryptococcosis (Mark Krockenberger), veterinarians and chlamydiologists (Damien Higgins and Susan Hemsley), a specialist veterinary pathologist and clinical pathologist (Paul Canfield), a veterinary pharmacologist (Merran Govendir), a specialist in veterinary medicine (Richard Malik), two veterinarian PhD students (Joanna Griffith, Alison Stuart) and two scientist PhD students (Nathan Saul, Sarah Jobbins). All are committed to the investigation and control of both diseases through:

1. Establishing effective therapeutic regimes through implementing, monitoring and analysing highly controlled and rigorous treatment trials.
2. Highly efficient disease identification and optimisation of host response to infection by determining key immunological responses and activities in koalas.
3. Identifying management practices and environmental factors that likely predispose to infection, and subsequent disease.

It is anticipated that our holistic investigative approach will improve treatment and prevention of these diseases not only in koalas, but in all species affected by chlamydiosis and cryptococcosis, and significantly contribute to the maintenance of Australia's biodiversity.

The work performed at the Koala Hospital is critical to the success of the project. The therapeutic trials are well under way. Although KPS workers only see aspects of the clinical work performed at the hospital, there are many facets of the project that will be undertaken outside Port Macquarie. We are collaborating with many other research groups and zoos working in areas of koala health and disease to try to learn more about these wonderful animals.

One of the important areas of study is testing and treating subclinical animals. Subclinical means that the animals are infected, however there are no symptoms (or external signs) of disease. A simpler description would be that these animals are carriers of Chlamydia. Subclinical animals are very important to our study, as we feel these animals are the best candidates for a complete cure. In order to detect these animals we have introduced a new, highly sensitive technique, known as polymerase chain reaction, or PCR. The PCR detects traces of Chlamydial DNA present in swabs from the eyes or reproductive tract of the koala. As the PCR can detect very small amounts of DNA it is the best test to pick up the subclinical animals and to monitor whether treatment is effective during the therapeutic trials.

So far we have had 15 clinical animals through the trial. At the time of writing five animals are currently being treated. We anticipate more animals will be recruited to enter the trial now that we can detect subclinical animals using the PCR machine. This is a relatively new development.

Results are preliminary at this stage and firm conclusions cannot yet be drawn.

However, at this stage what we can say is that enrofloxacin and marbofloxacin did not cause weight loss in the treated animals (4 animals each group). Bursal cysts present at the start of treatment did not resolve in any of the treated animals.

One animal developed bursal cysts during treatment with marbofloxacin

Weight loss and progressive decline has been observed in three animals, all treated with different drugs.

No animal passing through the hospital has had detectable disease caused by *Cryptococcus gattii*, however many animals carry *Cr. gattii* on their paws or up their noses.

As with all projects there are always a lot of people who contribute to the process. We are particularly grateful to the KPS Management Committee, Cheyne Flanagan, the supervisory team, the team leaders and the many volunteers at the Koala Hospital for all the time and effort that they are contributing to make this project a success for the benefit of the koala. Other organisations that we collaborate with or who contribute to our research effort include:- Australia Zoo, Blackbutt Reserve, Featherdale Wildlife Park, Serotec, Taronga Zoo, Ulco Medical, Vetafarm Australia. and the Post Graduate Foundation in Veterinary Science of the University of Sydney.

## EUTHANASIA

Wildlife euthanasia has always been and will probably always be a hotbed of conflicting emotions, ethics and opposing views.

For koala rehabilitation carers, veterinarians and researchers etc, the decision to end or to prevent suffering can at times be an extremely difficult call to make. When a koala is in the terminal stages of a cancerous condition with no chances of recovery, no one would argue that this is the kindest thing to do.

With other illnesses that may not exhibit glaringly obvious clinical signs, or internal trauma or age related conditions that outwardly do not appear to be too severe, having a sound understanding of the makeup of the disease or problem and the consequent outcome for the koala patient in question is vitally important for all concerned in the decision making process. Here is where ongoing research is vital, as every trauma and every illness gives us the opportunity to tease out information to help other koalas and other native species to hopefully prevent others suffering the same fate.

***We must also accept the fact that we cannot save every animal.***

Our goal? To do the best we possibly can at all times.

The Koala Hospital being one “arm” of the Koala Preservation Society of NSW is licenced under the NSW National Parks and Wildlife Service to work with wild koalas. We have an obligation to operate within the strict set of guidelines set out by the NPWS licence and must endeavour to meet these conditions at all times or face the possibility of not only losing the licence but ultimately the hospital itself.

One of the conditions of the licence is any diseased koalas (non curable) and any koala unable to function/survive upon release cannot be returned to the wild at all.

To release a koala back into the wild whose prognosis and immediate future suggests that it will die shortly after release to allow it to “die naturally in the bush” is neither ethical nor humane, nor does it comply with the NPWS rulings as just stated above.

A koala with a questionable survival prospect post release faces the grim probability of:

- \* being mauled by a dog or hit by a car because it is too weak, frail or incapacitated to seek refuge in a tree
- \* slowly and painfully starve to death
- \* horrific maggot infestation and consequent death

When a koala is in weakened health or in a disabled state its fitness, agility and instinctive behaviours that make it the “wild animal” that it is, are suppressed and non functional. These factors are part of what makes up the “survival of the fittest” theory and thus exposes these debilitated koalas to further unnecessary suffering that *we as koala rehabilitators and carers have the means to prevent.*

Sadly, more often than not, we do not usually find these diseased, sickly or aged koalas until they are at an advanced stage. One of the adaptive behaviours that koalas have exhibited throughout their evolutionary history is that they live high in the trees, descending to the ground mainly at night, with any ground movement being very limited during daylight hours. For a koala to be found very low in a tree over an extended period or at worst curled up at the base of the tree in broad daylight usually indicates there is a very serious problem with the animals health. Unfortunately this is the time the koala is noticed and the time we most commonly get the call. There are also times when we admit koalas to the Hospital for other reasons such as being hit by a car and discover on examination that there are extraneous factors involved such as a chlamydial infection (wet bottom) or conjunctivitis (chlamydial infection also). This may have compromised the koalas ability to move within their home range quickly and safely, slowed their reaction time, increased their exposure to danger and thus they get hit by a car.

At this stage, until research discovers answers, the frustrating reality we face is that advanced chronic diseases are more often than not – incurable. All we are able to do in these situations is to look at all the parameters involved, make the koala as comfortable as possible and then decide what is the best avenue to take – for the koala, not what is best for us.

.....cont'd

# HOSPITAL REPORT

ADMISSION	NAME	REASON	RESULT
22.09.94	Cloud F	Bushfire Victim	Permanent Resident
6.11.00	Kempsey Carolina F	Head Trauma—Motor Vehicle Accident	Permanent Resident
11.10.01	Bonnie Fire F + F Joey Bonnie Ash	Bushfire Victim	Permanent Resident - Bonnie Ash Released 15.12
22.10.04	Tractive Golfer M	Underweight	
19.08.05	Wilga Adler M Joey	Orphaned	
23.09.05	Lord Michael M - joey	In Yard Without Mother – abandoned	Released 17.02.06
07.10.05	Ocean Adventist M	Chlamydia – Wet Bottom	Euthanased 20.12.05
08.10.05	Roadway Boy M	On ground – blood around mouth – poor condition	Euthanased 10.12.05
04.11.05	Bangalay Roadrunner M	Abscess behind right knee	
17.11.05	Grant Ken M	Motor Vehicle Accident – Head trauma	Died 17.12.05
25.11.05	Hollingsworth Guide M	Hindquarters paralysis - suspect fall from tree – H/C	Euthanased 21.12.05
28.10.05	Lord Jason M	Discharge right eye	Released 05.12.05
03.12.05	Koolunbung Kath F	Advanced Chlamydia	Euthanased 08.12.05
04.12.05	Vendall Tony M	Motor Vehicle Accident	Dead on Arrival
05.12.05	Yarrabee Sprinter F	Suspect Chlamydia – examined and cleared	Released 05.12.05
06.12.05	Glen Pollyanna F Joey	Abandoned – Home Care	Died 27.02.06
10.12.05	Pacific Rees M	Motor Vehicle Accident	Dead on Arrival
11.12.05	Taree Rocky M	Motor Vehicle Accident – treated	Released to Taree care
11.12.05	Rotary Stargazer M	Motor Vehicle Accident	Dead on Arrival
12.12.05	Wiruna Lucky F	Found on ground distressed – observed	Released 12.12.05
12.12.05	Cathie Avena F	Tick Infestation – lethargic	Euthanased 13.12.05
13.12.05	Gamack Rottie M Joey	Dog Attack	Dead on Arrival
14.12.05	Lake Plush M	Motor Vehicle Accident	Dead on Arrival
17.12.05	WhaleBone Wayne M	Motor Vehicle Accident – Head injuries	Euthanased 31.01.06
19.12.05	Hill St. Paddy M	Walking on road – observation	Released 19.12.05
20.12.05	Pacific Sam M	On Ground – observation	Released 20.12.05
20.12.05	Boambee Sean M	Severe Leg Injury	Euthanased 20.12.05
20.12.05	Treetops Frank M	Debilitated	Euthanased 22.12.05
21.12.05	Fieldy M	Conjunctivitis and Wet Bottom	Euthanased 22.12.05
22.12.05	Cathie Terri F	Observation	Released 23.12.05
24.12.05	Kylies Beach James M Joey	Abandoned	Released 15.02.06
25.12.05	Granite Northpower F	Motor Vehicle Accident	Died 26.12.05
26.12.05	Dunbogan Jim M	Dog attack	Released 20.01.06
26.12.05	Granite Northpower F	Dog Attack	Died 27.12.05
28.12.05	Ocean Wendy F	Advanced Chlamydia	Euthanased 29.12.05
30.12.05	Arncliffe Girl F	Wet Bottom – I.C.U.	
30.12.05	Arncliffe Yogi M Joey	Joey of Arncliffe Girl	
30.12.05	Ocean Blue M	Fell from tree – observation	Released 02.01.06
02.01.06	Kundabung Kliers F	Debilitated	Euthanased 02.01.06
05.01.06	Jonas Absolam Glen M	Dog attack	Died 06.01.06
07.01.06	Lord Jason M	Recurring discharge right eye	Released 12.01.06
12.01.06	Mitchell Maid F	Chlamydia (Wet Bottom)	Euthanased 03.02.06
12.06.01	Elizabeth Flats M	Suspect Chlamydia	
12.01.06	Sherwood Cathy F	Damaged leg – Motor Vehicle Accident	Euthanased 21.01.06
21.01.06	Wiruna Lucky F	On road walking in circles – failing eyesight	
21.01.06	Bonny Sue F	Severe Chlamydia (Wet Bottom)	Euthanased 23.01.06
24.01.06	Hamlyn Bev F Joey	Orphaned - Home Care	
29.01.06	Bangalay Blue M	Infected Left hind leg	
01.02.06	Golfer Cory M	Conjunctivitis R eye – I.C.U.	

02.02.06	D.S.S. F	Dog Attack	Dead on Arrival
03.02.06	Tilpa Magic F	Chronic Wet Bottom	Euthanased 06.02.06
07.02.06	Ocean Pauline F	Chlamydia (Wet Bottom) – I.C.U.	
11.02.06	H.C.100 M	Observation	Released 15.02.06
15.02.06	Taskers Melaleuca F	Conjunctivitis + Wet Bottom – I.C.U.	
16.02.06	Kadina Lisa F Joey	Abandoned	Released 22.02.06
16.02.06	Hollingsworth Pauline F	Chronic Chlamydia (Wet Bottom)	Euthanased 16.02.06
17.02.06	Royal Magnolia M	Found on Ground – cause unknown	Dead on Arrival
25.02.06	Plomer John M	Dog attack	Euthanased 27.02.06
26.02.06	Portsea Ellen F	Advanced Chlamydia (Wet Bottom)	Euthanased 27.02.06
27.02.06	Ruins Mill M	Dog attack	Dead on Arrival

### ***PORT MACQUARIE:***

DEC. Permanent 3 Treated 28 Released 8 Euthanased 9 Dead/Died 8 Admitted 26  
 JAN. Permanent 3 Treated 18 Released 1 Euthanased 4 Dead/Died 1 Admitted 10  
 FEB. Permanent 3 Treated 21 Released 4 Euthanased 5 Dead/Died 6 Admitted 12

## **CLOUDBURST**

I think it is time someone listened to me. I am the longest serving inmate and know where all the bodies are buried. Look out volunteers Cloud has gotten her second wind and she is on the warpath.

I have noticed a distinct lack of the respect which I feel is due to me. I should always be fed first and my leaf picked over so that I have first choice of the yummy bits. I should never be left naked, that is without any leaf at all on the gonyah and the leaf should allow me free passage up and down the gonyah.

No encouraging Bon or Birthday Girl up onto my property and visitors to be told my story in full!!

I wish the joeys were not so close to Yard 9 as they get too many oohs! and aahs! which I think should be coming my way.

I feel I have to comment on the state of the fences which allow joeys to enter my yard when you all know I hate joeys. It took me long enough to get rid of Ash by encouraging her to escape until she was finally sent to the Hills. (Bonnie Hills) I say a prayer daily that neither she nor Pebbles Ken ever find their way home!

The volunteers are a good lot they just need to pay attention my needs a little more. We have some nice people who make a fuss of me all the time like Trish and Hayley aka Pollyanna.

Don't wake me up if you don't have formula. Don't let those two girls Cheyne and Jo swab me for Chlamydia, Damien is my Research Specialist (and cute with it). If you want a photo of me please make an appointment and do not wake me up, give me time for a little grooming before I face my public. I am normally a mild mannered Koala but sometimes people get up my big black nose!!!

## **EDUCATION GOES UPMARKET**

We are about to embark upon another important project. Ever since we had an Education Co-ordinator we have wanted a special area for Education. Somewhere we could sit groups down and present Educational Material and Information via an overhead projector. The shed was erected with this in mind about five or six years ago but so far the special purpose for which it was constructed has never been realized.

We have finally been given the go-ahead from the members to match the \$5,000.00 grant from Coastline Credit Union with \$5,000.00 of our own funds and turn the Ed-shed into our Educational Facility. So remember that when you are talking no more ed-shed please we are going up-market. And of course no more junk to be deposited in there.

We have started going through years of stored papers and saving and discarding as necessary. We will need to put down a floor covering, bring in some chairs, affix battens to the walls to display materials and of course acquire a projector and chairs.

The spring/summer 05/06 has been particularly wet and we have been challenged as to where to talk to groups. The overhanging roof over the shop is fine but cold and hard to sit on. We are getting more older groups visiting and we cannot sit them on the floor. It was time to put our dreams into reality. We were lucky enough to have an offer of a grant from Coastline to match us dollar for dollar up to \$5,000.00 so it is a good time to get started. The offer terminates in November 06.

Watch the noticeboard in the day room or this space for more news and please feel free to give us some input we really need to know what you want in this facility!!!

"Any opinions expressed in reports/articles published in this newsletter are not to be necessarily taken as being the opinion of the Society but rather the author's personal opinion. No responsibility is accepted for the accuracy of any information in the newsletter published in good faith as supplied to the Editor. The President and Editor reserve the right to edit any article submitted for publication".

#### 2004-2005 Committee

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MEMBERS WILL BE  
ADVISED IN  
WRITING OF THE  
DATES OF  
GENERAL  
MEETINGS.

#### DID YOU KNOW?

That an adult koala eats  
approximately half a  
kilogram of leaf per day?

**DON'T FORGET.....**

**THE KOALA HOSPITAL OPEN DAY**

**Saturday 1st April** (Easter)

9am -3pm

Crafts, stalls, BBQ, guided tours, lots of fun, bring your family & friends.  
Tell everyone its on!!!

*Helpers needed - please put your name down on list in dayroom*



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**AIR MAIL**