

# Rescue Examination Record and Progress Chart - Echidnas



RESCUE DETAILS						
Carers Name					Carers Telephone	
Species					ID Code	
Age	<input type="checkbox"/> Baby	<input type="checkbox"/> Juvenile	<input type="checkbox"/> Sub-adult	<input type="checkbox"/> Adult	Rescue Date	
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown		Rescue Time	am/pm

CALLER DETAILS	
Callers Name	
Callers Address	
Callers Telephone	
Exact Rescue Location	
Animal History <i>eg road trauma/cat attack</i>	

INITIAL ASSESSMENT						
Demeanour	<input type="checkbox"/> Bright	<input type="checkbox"/> Alert	<input type="checkbox"/> Depressed	<input type="checkbox"/> Moribund	<input type="checkbox"/> Distressed	<input type="checkbox"/> Other
General body condition	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very poor	<input type="checkbox"/> Emaciated
Fur/spine condition	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very poor	<input type="checkbox"/> Missing spines
Breathing	<input type="checkbox"/> Normal	<input type="checkbox"/> Rapid	<input type="checkbox"/> Slow	<input type="checkbox"/> Laboured	<input type="checkbox"/> Open-mouthed	<input type="checkbox"/> Noisy
Mobility	<input type="checkbox"/> Normal	<input type="checkbox"/> Other -				
Obvious injuries, discharges or conditions						
Result of initial assessment	<input type="checkbox"/> Immediate euthanasia			<input type="checkbox"/> Veterinary assistance required		
	<input type="checkbox"/> Requires care			<input type="checkbox"/> Immediate release		
Coordinator contacted	<input type="checkbox"/> Yes - on / / (date) at am/pm					

THOROUGH PHYSICAL ASSESSMENT						
Weight		Sedative used		Drug dose		
<b>HEAD</b>						
Symmetry	<input type="checkbox"/> Normal	<input type="checkbox"/> Other -				
Eyes	<input type="checkbox"/> Normal	<input type="checkbox"/> Other -				
Ears	<input type="checkbox"/> Normal	<input type="checkbox"/> Other -				
Beak	<input type="checkbox"/> Normal	<input type="checkbox"/> Other -				
Mouth	<input type="checkbox"/> Normal	<input type="checkbox"/> Other -				
<b>LIMBS</b>						
Right fore limb and paw	<input type="checkbox"/> Normal	<input type="checkbox"/> Other -				
Right rear limb and paw	<input type="checkbox"/> Normal	<input type="checkbox"/> Other -				
Left fore limb and paw	<input type="checkbox"/> Normal	<input type="checkbox"/> Other -				
Left rear limb and paw	<input type="checkbox"/> Normal	<input type="checkbox"/> Other -				
<b>BODY</b>						
Fur/spine condition	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor	<input type="checkbox"/> Missing spines
Body Condition	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor	<input type="checkbox"/> Emaciated
Vent	<input type="checkbox"/> Normal	<input type="checkbox"/> Other -				
Abdominal palpation	<input type="checkbox"/> Normal	<input type="checkbox"/> Evidence of lactating/puggle			<input type="checkbox"/> Other -	
Mucous membrane	<input type="checkbox"/> Normal	<input type="checkbox"/> Other -				
General findings or comments						

VETERINARY EXAMINATION			
Date	/ / 20	Time	am/pm
Veterinarian Name			
Diagnostic Aids	<input type="checkbox"/> X-rays	<input type="checkbox"/> Blood	<input type="checkbox"/> Faecal
Veterinary Diagnosis:	<input type="checkbox"/> Other -		
Veterinary Prognosis:			
Treatment/Management			

FINAL OUTCOME	
<input type="checkbox"/> Released	Date / / 20 At (location) -
<input type="checkbox"/> Euthanased	Date / / 20 By (name) -
<input type="checkbox"/> Transferred	Date / / 20 To (name) -

