

# Rescue Examination Record and Progress Chart - Gliders



| RESCUE DETAILS |                               |                                   |                                    |                                |             |
|----------------|-------------------------------|-----------------------------------|------------------------------------|--------------------------------|-------------|
| Carers Name    |                               |                                   | Carers                             |                                |             |
| 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<br><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 condition                              | <input type="checkbox"/> Excellent                    | <input type="checkbox"/> Good    | <input type="checkbox"/> Fair      | <input type="checkbox"/> Poor                           | <input type="checkbox"/> Very poor    |                                    |
| 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                       |                                    |  |                               |                                  |                                    |                                    |
| <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 -                 |                               |                                  |                                    |                                    |
| Nostrils                     | <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 condition                | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good                    | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor    | <input type="checkbox"/> Very Poor |                                    |
| 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 |
| Cloaca/pouch/scrotum         | <input type="checkbox"/> Normal    | <input type="checkbox"/> Evidence of pouch young |                               | <input type="checkbox"/> Other - |                                    |                                    |
| Tail condition               | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good                    | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor    | <input type="checkbox"/> Very Poor |                                    |
| Abdominal palpation          | <input type="checkbox"/> Normal    | <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 | <input type="checkbox"/> Other - |
| Veterinary Diagnosis:  |                                 |                                |                                 |                                  |
| 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) -     |

