

Rescue Examination Record and Progress Chart – Lizards



RESCUE DETAILS					
Carers Name			Carers Telephone		
Species			ID Code		
Age	<input type="checkbox"/> Hatchling	<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
Scales 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						
HEAD						
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 -				
LIMBS						
Right fore limb and hand	<input type="checkbox"/> Normal	<input type="checkbox"/> Other -				
Right rear limb and foot	<input type="checkbox"/> Normal	<input type="checkbox"/> Other -				
Left fore limb and hand	<input type="checkbox"/> Normal	<input type="checkbox"/> Other -				
Left rear limb and foot	<input type="checkbox"/> Normal	<input type="checkbox"/> Other -				
BODY						
Skin/scales 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
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 -				
Vent	<input type="checkbox"/> Normal	<input type="checkbox"/> Other -				
Gravid	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
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) -

Animal Progress Record



DATE	DETAILS (weight, comments, medications, treatments etc.)