

# Rescue Examination Record and Progress Chart - Macropods



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			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 (or skin) 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 arm and paw	<input type="checkbox"/> Normal	<input type="checkbox"/> Other -				
Right leg and paw	<input type="checkbox"/> Normal	<input type="checkbox"/> Other -				
Left arm and paw	<input type="checkbox"/> Normal	<input type="checkbox"/> Other -				
Left leg 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
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) -

