

WILDCARE AUSTRALIA Inc.

Rescue Examination Record and Progress Chart

GLIDER

Carers Name		Carers Telephone	
Species		ID Code	
Age	<input type="checkbox"/> Baby <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 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"/> Requires care <input type="checkbox"/> Veterinary assistance required <input type="checkbox"/> Immediate release
Contacted Coordinator	<input type="checkbox"/> Yes on / / (date) on am/pm

THOROUGH PHYSICAL ASSESSMENT

WEIGHT	Kgs / grams
SEDATION	Name of Drug: Dose Rate:
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 & Paw	<input type="checkbox"/> Normal <input type="checkbox"/> Other -
Right Rear Limb & Paw	<input type="checkbox"/> Normal <input type="checkbox"/> Other -
Left Fore Limb & Paw	<input type="checkbox"/> Normal <input type="checkbox"/> Other -
Left Rear Limb & Paw	<input type="checkbox"/> Normal <input type="checkbox"/> Other -
BODY	
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
Gliding Membrane	<input type="checkbox"/> Normal <input type="checkbox"/> Other -
Cloaca / Pouch / Scrotum	<input type="checkbox"/> Normal <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	

DETAILS OF VETERINARY EXAMINATION

Date / Time	/ / 200 Time am/pm
Veterinarian Name	
Diagnostic Aids	<input type="checkbox"/> Radiography <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 / / 200 At (location)
<input type="checkbox"/> Euthanased	Date / / 200 By (name)
<input type="checkbox"/> Transferred	Date / / 2000 To (name)

