

WILDCARE AUSTRALIA

WILDLIFE RESCUE EXAMINATION RECORD

Animal ID No.		Date:	
Species:		Time:	
Sex:		Age:	

RESCUE DETAILS

Caller Details: _____
Exact location of rescue: _____
Animal history: _____

INITIAL (DISTANT) ASSESSMENT

Weight _____

Demeanour: bright / alert / depressed / moribund / distressed / other _____
General body condition: excellent / good / fair / poor / very poor / emaciated
Coat / feather condition: _____
Breathing: normal / rapid / slow / shallow / laboured / open-mouthed / noisy
Gait / mobility: _____
Obvious injuries: _____

Discharges/exudes/diarrhoea etc _____
Abdomen: normal / distended / sunken / eviscerated / other _____
Lumps, bumps, asymmetry _____
Other findings: _____

Assessment summary or diagnosis _____

Initial prognosis: good / fair / guarded / grave / not determined

Is immediate first aid required? Yes No
Is immediate veterinary care required? Yes No
Is immediate euthanasia required? Yes No

THOROUGH PHYSICAL ASSESSMENT

Veterinarian assisting? Yes No
Sedation / anaesthesia used? Yes No Drug / Dose _____

Head: Symmetry: Normal / Abnormal _____
Eyes: _____
Ears and Nares _____
Mouth/Teeth/Jaw _____
Other: _____

Limbs: Paws/claws/digits _____
Lameness: _____
Tail: _____
Right fore/wing: _____ Left fore/wing _____
Right hind: _____ Right fore/wing _____
Other: _____

Body: Skin/coat/feathering _____
Body condition _____
Musculoskeletal _____
Abdominal palpation _____
Auscultation heart/lungs _____
Vent/cloaca: _____
Pouch/scrotum _____
Lymph nodes _____
Vital signs: T: _____ HR: _____ RR: _____ MM: _____ CRT: _____ Pulse: _____

SUMMARY OF GENERAL PHYSICAL EXAMINATION FINDINGS:

Diagnosis: _____

Prognosis: _____

Is veterinary assistance required? Yes No Time of vet check _____

Is euthanasia required? Yes No

Details of euthanasia: Time _____ Method _____

By: _____

Disposal of carcase: _____

DETAILS OF VETERINARY EXAMINATION

Diagnostic aids: radiography blood faecal other _____

Findings: _____

Veterinary diagnosis: _____

Prognosis: _____

Treatment/Management _____

Follow-up required _____

Veterinarian: _____

Time: _____ Date _____

FINAL OUTCOME Time _____ Date _____

Time from call to rescue: _____ Rescue response time

Time from rescue to vet care _____ Veterinary response time

Time from rescue to final outcome _____ Action response time

Animal welfare issues?

Recorder _____