Weipa Wildlife Care Inc

Rescue Examination Record and Progress Chart

BIRDS

|  |  |  |  |
| --- | --- | --- | --- |
| Carers Name |  | Carers Mobile |  |
| Species |  | Carers Address |  |
| Age | 1 I Baby | | Juvenile/Fledqlinq | | Adult | Rescue Date |  |
| Sex | 1 1 Male O Female O Unknown | Rescue Time | Am/Pm |

CALLER DETAILS

|  |  |
| --- | --- |
| Callers Name |  |
| Callers Address |  |
| Callers Telephone |  |
| Exact Rescue Location |  |
| Animal History  eg road trauma/cat attack |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| INITIAL ASSESSMENT | | | | | | | | | |
| Demeanour |  |  | Bright | | Alert | | Depressed | | Moribund | | Distressed | | Other | | | | | | |
| General body condition |  |  | Excellent |  | Good | Fair | Poor |  | Very Poor | |Emaciated |
| Feather condition |  |  | Excellent |  | Good | Fair | Poor |  | Very Poor |
| Breathing |  |  | Normal | | Rapid | | Slow | Laboured | lOpen-mouthed | | Noisy | | | | | | |
| Mobility |  |  | Can fly | | Cannot fly | | Cannot stand | | | | | | | | |
| Obvious Injuries, Discharges or Conditions |  | | | | | | | | |
| Result of Initial Assessment |  |  | Immediate euthanasia Q Requires care Veterinary assistance required | | Immediate release | | | | | | |
| Contacted Coordinator |  |  | Yes on / / (date) at am/pm | | | | | | |

THOROUGH PHYSICAL ASSESSMENT

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HEAD |  | | | | | | | | | | | |
| Symmetry |  |  | Normal |  | Other - | | | | | | | |
| Eyes |  |  | Normal |  | Other - | | | | | | | |
| Nares |  |  | Normal |  | Other - | | | | | | | |
| Beak |  |  | Normal |  | Other - | | | | | | | |
| Mouth |  |  | Normal |  | Other - | | | | | | | |
| WINGS / LIMBS |  | | | | | | | | | | | |
| Riqht Winq |  |  | Normal |  | Other - | | | | | | | |
| Left Winq |  |  | Normal |  | Other - | | | | | | | |
| Riqht Leq / Foot |  |  | Normal |  | Other - | | | | | | | |
| Left Leq / Foot |  |  | Normal |  | Other - | | | | | | | |
| BODY |  | | | | | | | | | | | |
| Feather Condition |  |  | Excellent | |  | Good |  | Fair |  | Poor |  | Very Poor |
| Body Condition |  |  | Excellent | |  | Good |  | Fair |  | Poor |  | Very Poor | lEmaciated |
| Vent |  |  | Normal Q | | Other - | | | | | | | |
| General findings or comments |  | | | | | | | | | | | |

DETAILS OF VETERINARY EXAMINATION

|  |  |  |
| --- | --- | --- |
| Date / Time | | Date: Time am/pm |
| Veterinarian Name | |  |
| Diagnostic Aids | | I | Radiography | | Blood | | Faecal | | Other - |
| Veterinary Diagnosis: | |  |
| Veterinary Prognosis: | |  |
| T reatment/Management | |  |
| OUTCOME | | |
|  | Released | Date / / At (location) |
|  | Euthanased | Date / / By (name) |
|  | Transferred | Date / / To (name) |

Details Carers Notes

Weipa Wildlife Care Inc

|  |  |
| --- | --- |
| DATE | DETAILS (weight, comments, medications/treatments etc). |
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