# Rescue Examination Record and Progress Chart – Snakes

| RESCUE DETAILS | | | | | | |
|---|---|---|---|---|---|---|
| **Carers Name** | | | | | **Carers Telephone** | |
| **Species** | | | | | **ID Code** | |
| **Age** | ☐ Hatchling | ☐ Juvenile | ☐ Sub-adult | ☐ Adult | **Rescue Date** | |
| **Sex** | ☐ Male | ☐ Female | ☐ Unknown | | **Rescue Time** | am/pm |

| CALLER DETAILS | |
|---|---|
| **Callers Name** | |
| **Callers Address** | |
| **Callers Telephone** | |
| **Exact Rescue Location** | |
| **Animal History**<br>*eg road trauma/cat attack* | |

| INITIAL ASSESSMENT | | | | | | |
|---|---|---|---|---|---|---|
| **Demeanour** | ☐ Bright | ☐ Alert | ☐ Depressed | ☐ Moribund | ☐ Distressed | ☐ Other |
| **General body condition** | ☐ Excellent | ☐ Good | ☐ Fair | ☐ Poor | ☐ Very poor | ☐ Emaciated |
| **Scales condition** | ☐ Excellent | ☐ Good | ☐ Fair | ☐ Poor | ☐ Very poor | |
| **Breathing** | ☐ Normal | ☐ Rapid | ☐ Slow | ☐ Laboured | ☐ Open-mouthed | ☐ Noisy |
| **Mobility** | ☐ Normal | ☐ Other - | | | | |
| **Obvious injuries, discharges or conditions** | | | | | | |
| **Result of initial assessment** | ☐ Immediate euthanasia | | | ☐ Veterinary assistance required | | |
| | ☐ Requires care | | | ☐ Immediate release | | |
| **Coordinator contacted** | ☐ Yes - on / / (date) at am/pm | | | | | |

| THOROUGH PHYSICAL ASSESSMENT | | | | | | |
|---|---|---|---|---|---|---|
| Weight | | | | | | |
| **MEASURMENTS** | | | | | | |
| Nose to vent | cms | Tail length | cms | | | |
| **HEAD** | | | | | | |
| Symmetry | ☐ Normal | ☐ Other - | | | | |
| Eyes | ☐ Normal | ☐ Other - | | | | |
| Ears | ☐ Normal | ☐ Other - | | | | |
| Nostrils | ☐ Normal | ☐ Other - | | | | |
| Mouth | ☐ Normal | ☐ Other - | | | | |
| **BODY** | | | | | | |
| Skin/scales condition | ☐ Excellent | ☐ Good | ☐ Fair | ☐ Poor | ☐ Very Poor | |
| Body Condition | ☐ Excellent | ☐ Good | ☐ Fair | ☐ Poor | ☐ Very Poor | ☐ Emaciated |
| Tail condition | ☐ Excellent | ☐ Good | ☐ Fair | ☐ Poor | ☐ Very Poor | |
| Abdominal palpation | ☐ Normal | ☐ Other - | | | | |
| Vent | ☐ Normal | ☐ Other - | | | | |
| Gravid | ☐ Yes | ☐ No | | | | |
| **General findings or comments** | | | | | | |

| VETERINARY EXAMINATION | | | | |
|---|---|---|---|---|
| **Date** | / / 20 | **Time** | am/pm | |
| **Veterinarian Name** | | | | |
| **Diagnostic Aids** | ☐ X-rays | ☐ Blood | ☐ Faecal | ☐ Other - |
| **Veterinary Diagnosis:** | | | | |
| **Veterinary Prognosis:** | | | | |
| **Treatment/Management** | | | | |

| FINAL OUTCOME | | |
|---|---|---|
| ☐ Released | Date / / 20 | At (location) - |
| ☐ Euthanased | Date / / 20 | By (name) - |
| ☐ Transferred | Date / / 20 | To (name) - |

# Animal
# Progress Record

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