Rescue Examination Record and Progress Chart – Turtles

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 *eg road trauma/cat attack*	

INITIAL ASSESSMENT						
Demeanour	☐ Bright	☐ Alert	☐ Depressed	☐ Moribund	☐ Distressed	☐ Other
General body condition	☐ Excellent	☐ Good	☐ Fair	☐ Poor	☐ Very poor	☐ Emaciated
Scutes 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						
MEASUREMENTS						
Straight Carapace Length	cm	Straight carapace width	cm			
HEAD						
Symmetry	☐ Normal	☐ Other -				
Eyes	☐ Normal	☐ Other -				
Ears	☐ Normal	☐ Other -				
Nostrils	☐ Normal	☐ Other -				
Mouth	☐ Normal	☐ Other -				
LIMBS						
Right fore limb and hand	☐ Normal	☐ Other -				
Right rear limb and foot	☐ Normal	☐ Other -				
Left fore limb and hand	☐ Normal	☐ Other -				
Left rear limb and foot	☐ Normal	☐ Other -				
BODY						
Skin/shell condition	☐ Excellent	☐ Good	☐ Fair	☐ Poor	☐ Very Poor	
Body Condition	☐ Excellent	☐ Good	☐ Fair	☐ Poor	☐ Very Poor	☐ Emaciated
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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