

Fauna Examination Form

Date: / / Time: _____ Species: _____

Finder: _____ Contact No.: _____

Location Found: (as exact as possible) _____

Nature of Injury: _____

Would you like to make a donation towards SAVEM treating wildlife? Y / N.

VETERINARY EXAMINATION Initials: _____ Date: _____ Time: _____

Species: _____ Bodyweight on Admit: _____ Sex: _____

Age (Circle): Adult Juvenile / Sub-Adult Baby / Nestling

Body Condition (Circle): Poor Fair Good Overweight

Examine	Normal ✓	Details of Abnormalities Found
Eyes / Ears		
Mouth / Nose / Beak / Teeth		
Thorax / Chest		
Abdomen		
Forelimbs / Wings		
Hind limbs		
Skin / Feathers / Scales		
Anus / Cloaca		

Diagnosis: _____

Plan (Circle): Treat Send to Carer Release Euthanasia Other _____

TREATMENT PLAN: _____

MEDICATIONS: _____

Date	Time	Medications	Comments

Date Discharged: _____

Carer's Name: _____ Phone No.: _____

Is Follow-up required? Yes No Re-examination Date: _____