

Wildcare Australia Inc. Recheck Admission Form



Hospital Admission Number

Hospital / Veterinary Surgery

CWH / RSPCA / AZWH / Other

Species

Patient's Name (if applicable)

Carer Name and Phone Number

Date

/ / 20

Reason for Recheck

- | | | |
|--|--|--|
| <input type="checkbox"/> Requested on Discharge Paperwork | <input type="checkbox"/> Pre-release check | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Decline in Health/Condition | <input type="checkbox"/> Microchip/Ear Tag | _____ |
| <input type="checkbox"/> Faecal ONLY (no animal presented) * | <input type="checkbox"/> Faecal test * | _____ |

*RECEPTION STAFF – please note where faecal sample is placed: _____

Treatment and Tests Required

- | | | |
|---|---|--|
| <input type="checkbox"/> Faecal | <input type="checkbox"/> Bloods | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Bandage Change | <input type="checkbox"/> Wound Management | _____ |
| <input type="checkbox"/> X-Rays (Radiographs) | <input type="checkbox"/> Suture Removal | _____ |

Do You Have Any Concerns with the Patient's Progress?

- No
 Yes (please specify):

Have You Attached the Patient's Progress Charts?

- No | Yes

Weight/Appetite/Feeding

Most recent weight: _____ on _____ (date)
Is the patient's weight: Increasing Decreasing Stable/Consistent
Is the patient's appetite: Good Average Poor Variable/Inconsistent
When did the patient last eat or drink: _____
What food/water was the patient provided: _____

Has the Patient Been Given Additional Medications/Supplements? (not originally prescribed)

- No
 Yes (please specify):

Collection Details

- | | |
|--|--|
| <input type="checkbox"/> Myself or the transporter are waiting at the hospital | <input type="checkbox"/> Please call me when ready |
| <input type="checkbox"/> I will return today at _____ am/pm | <input type="checkbox"/> Please call _____ (name)
on _____ (number) |

Notes/Comments
