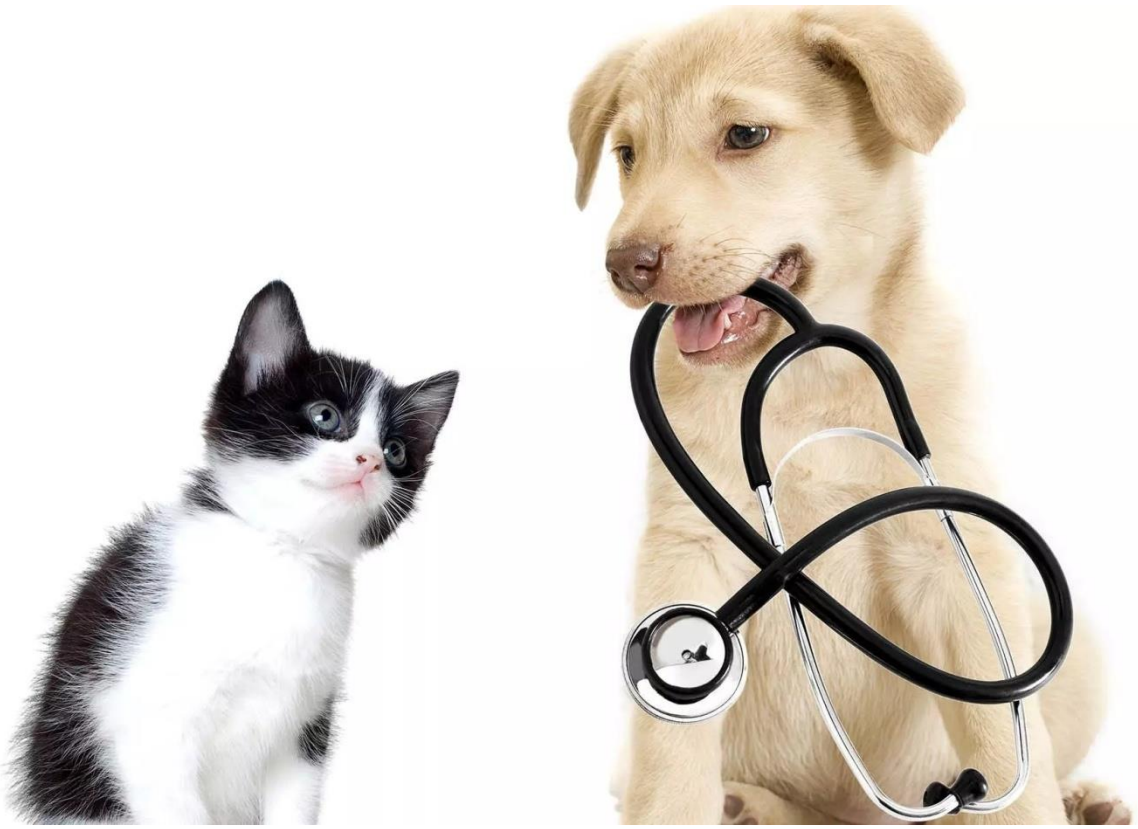
Animal Hospital
Rescue, Inpatient & Release Record



elsa foundation

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About us:

Elsa Foundation is a non-profit charitable trust that focuses on the conservation of biodiversity, prevention of cruelty to animals and animal rights issues of both domestic and wild animals. It opposes keeping wild animals in captivity.
We have travelled to several countries to study best practices and implement them in India.

The foundation supports various government bodies, in informed policy-making and decision making on critical issues impacting biodiversity and the rights of animals.

Our work areas are research, advocacy, awareness, publication, support in policy and decision making.

Important: Elsa Foundation does not operate an animal hospital, shelter (or) an animal ambulance. In case of medical emergency for animals, immediately contact a veterinary doctor nearby. For rescue of animals, trapped in dangerous situations, please call the government “Fire and Rescue Services” department near your location.

Website: www.elsafoundationcharity.org

Animal Hospital
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ANIMAL HOSPITAL
Rescue, Inpatient & Release Record

SPECIES		**COLOUR**		**SEX**	

DATE OF ADMISSION (DD-MON-YY)			
IDENTITY TOKEN COLOUR (Circular plastic token tied on the neck)		**IDENTITY TOKEN NUMBER (Pre-engraved)**	
CASE REPORTING PERSON'S PHONE			

Animal Photo Management:
Soft copy photos at time of admission and discharge needs to be clicked and saved in hospital computer. Photos should have full view of animal and close-up details of specific problems.
The folder name and file name of photos must have the above date of admission, token colour and number.
Date of admission is mandatory in file and folder name as the same tokens are re-used leading to identity crisis.

Photocopy of record:
Please do a bulk, low cost photocopy of the pages 1 (this page) to 10 (discharge summary) in a shop and use this record.

Secure:
The record needs to be stapled and secured using a hard pad with clip. Pad needs to be kept safe in shelves in the ward. Avid keeping pads above kennels as during cleaning routine the record might get damaged.

Token number engraving and drilling:
High quality, thick, circular plastic tokens in multiple colours and pre-engraved numbers needs to be ordered from token engraving shops and kept in stock.
Token needs to have a pre-drilled hole (made using machine in shop) to insert the cloth (readymade nada) for tying around neck of animal. **Note:** Token engraving and drilling is done in small road-side shops in any city.

Area based token colours:
Colour code needs to be assigned for areas (locations) of rescue. Token colour is based on area from which animal was rescued. If the hospital is rescuing animals from 8 areas, then 8 distinct colours of tokens need to be purchased.

Area based token number series:
Token number series needs to be allocated for the areas. For e.g. Area-1 token series is 1 to 100. Area-2 token series is 101 to 200 etc. This is done to avoid any confusion about area even if wrong token colour is mentioned in this record**.**

Disclaimer form: Please design a disclaimer form as per your requirements and supply the same to staff going for rescue. The disclaimer needs to be signed by the animal care taker.

Request to doctors and managers: As multiple doctors, managers may attend to the cases (due to shift, type of case etc.), please fill in your name and sign wherever requested. This provides clarity, avoids communication gap and helps easy tracking of any issue. Please write the information clearly to avoid ambiguity.

ANIMAL RESCUE RECORD

(Filled by rescue vehicle staff & administration manager immediately after animal reaches hospital)

TOKEN COLOUR:	TOKEN NO:	RESCUE DATE(DD-MON-YY):

SPECIES		SEX		NEUTERED?	
ANIMAL COLOUR					
IDENTIFICATION MARK - 1					
IDENTIFICATION MARK - 2					
IF THE ANIMAL IS LACTATING, THEN HOW MANY YOUNG ONES?	No of Male:		No of Female:		
CHECK THIS BOX IF THIS IS A ROAD ACCIDENT CASE					
RESCUED AT (STREET NAME)					
LAND MARK - 1					
LAND MARK - 2					
AREA NAME		PIN CODE			
RESCUE LOCATION SHOP OWNER / CARE TAKER NAME		SIGN			
SHOP OWNER / CARE TAKER PHONE					
CARE TAKER EMAIL					
VEHICLE DRIVER'S NAME		VEHICLE CODE NO.			
RESCUE STAFF NAMES					

ANIMAL RELEASE RECORD

(This page needs to be removed and provided to release team as it has animal's address. Post release this page with signatures needs to be filed)

DATE (DD-MON-YY)			
VEHICLE DRIVER'S NAME		VEHICLE CODE NO.	
RELEASE STAFF NAMES			
ADMIN. MANAGER'S NAME		SIGN.	
ANIMAL RECEIVED BY		SIGN.	

Note 1: The release team should have at-least one staff / vehicle driver from rescue team. This is done to ensure that the dog is released in correct location.

Note 2: Inform care taker 24 hours in advance about date and approx. time of release. Request care taker to make arrangements for someone to receive the dog. It is mandatory to get signature from care taker / shop owner after release. This is done to avoid the dogs being dropped at wrong locations.

Note 3: Pin-code of rescue location is mandatory for doing statistical analysis of rescues and initiating actions based on results.

FILL THE BELOW THREE ROWS ONLY FOR ABANDONED / LOST PETS	
BREED NAME	
ANIMAL LOST OR ABANDONED?	
IF ABANDONED THEN PLEASE WRITE THE POSSIBLE REASONS REASON BELOW (e.g. Disease, Old age etc.)	

ADMISSION DATA: WARD, KENNEL DETAILS			
WARD NAME		KENNEL NUMBER	
KENNEL IN-CHARGE STAFF			

RESCUE AND ADMISSION DATA VERIFIED			
MANAGER'S NAME		SIGN	

IN PATIENT RECORD - FOR DOCTORS USE

DATE	WEIGHT (k.g.)	TEMPERATURE (F)	BP	PULSE RATE	HEART RATE	DOCTOR'S NAME	SIGN.

VACCINES ADMINISTERED				
VACCINE NAME	DATE	VACCINE STICKER	DOCTOR'S NAME	SIGN.
7 IN 1				
RABIES				
Others (pls. mention name):				
Others (pls. mention name):				

LAB DIAGNOSIS TRACKER
(DIAGNOSIS RESULTS MUST BE ATTACHED WITH THIS PATIENT RECORD)

DATE	DIAGNOSIS DONE FOR SYMPTOM	TYPE OF DIAGNOSIS REQUESTED	NAME OF VET. WHO MADE THE REQUEST	NAME OF INSTITUTION / LAB THAT CONDUCTED THE TEST	AMOUNT PAID	STAFF WHO EXECUTED THIS TASK

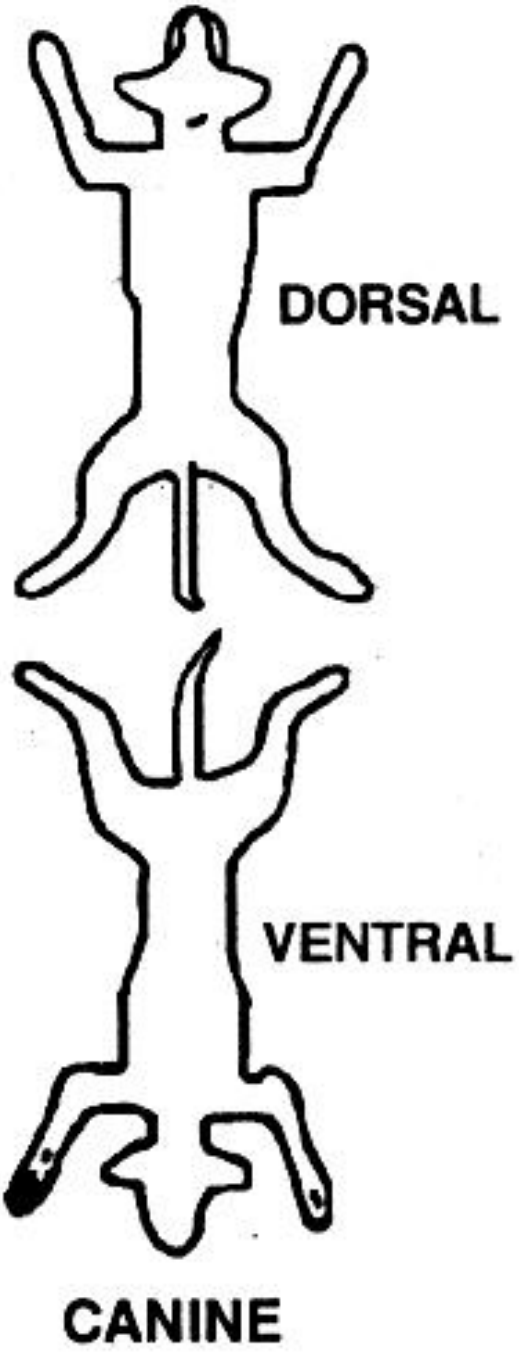
MEDICINES PRESCRIBED BY VET.
(For multiple medicines on same date, please use multiple rows)

PRES. NO.	DATE PRESCRIBED	NO. OF DAYS	FOR DIGN OSIS	NAME OF MEDICINE / INJECTION	DOSAGE				DR. SIGN
					MORN	A. NOON	EVEN	NIGH	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

OBS. NO.	DATE	FOR SYMPTOM	DOCTOR'S OBSERVATION PAGE (PLEASE FILL THE SYMPTOMS CHART BEFORE ENTERING DETAILED OBSERVATION)	DR. SIGN
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

OBS. NO.	DATE	FOR SYMPTOM	DOCTOR'S OBSERVATION PAGE (PLEASE FILL THE SYMPTOMS CHART BEFORE ENTERING DETAILED OBSERVATION)	DR. SIGN
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

DERMATOLOGY CHART



LESIONS	
MACULES	
PAPULES	
PUSTULES	
VESICLES	
CRUSTS	
EXCORIATIONS	
ULCERS	
SCALES	
PRURITIS	
WHEALS	
NODULES	
TUMORS	
LICHENIFICATION	
HYPER PIGMENTATION	
ERYTHEMA	
ALOPECIA	
HYPERKERATOSIS	

PARASITES	
FLEAS	
LICE	
SARCOPTES	
DEMODEX	
TICKS	

FUNGI

WOODS:

KOH:

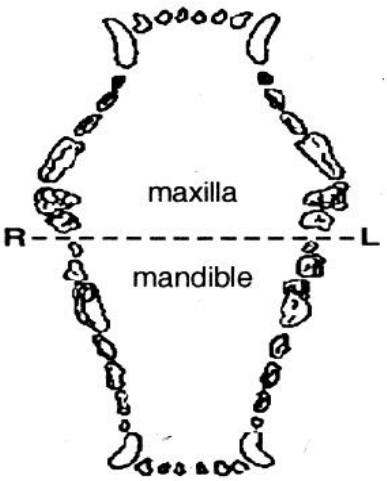
CULTURE:

BACTERIOLOGY

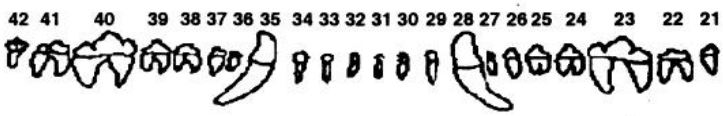
DIRECT SMEAR

BIOPSY

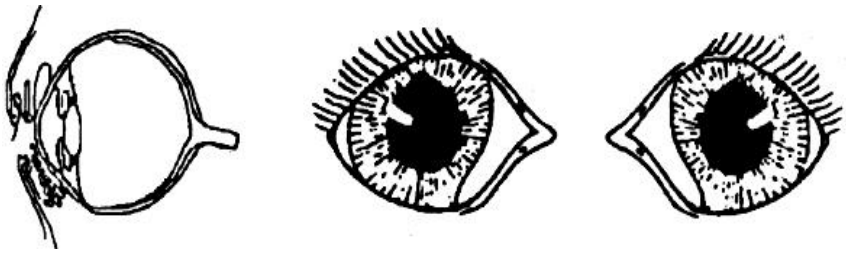
CANINE DENTAL



KEY : P = POCKET
O = EXTRACTEDTOOTH
X = MISSINGTOOTH



OPHTHALMOLOGY CHART



OPHTHALMOLOGY	RIGHT	LEFT
EYE POSITION		
LIDS		
SCLERA		
CONJUNCTIVA		
TEARS		
LENS		
IRIS		
PUPIL		
RETINA		

BIRTH CONTROL SURGERY DETAILS					
SURGEON'S COMMENTS					
DATE		SURGEON'S NAME		**SIGN**	

DE-WORMING DETAILS		
DATE	**DOCTOR'S NAME**	**SIGN**

DISCHARGE SUMMARY (**Important:** If additional medicines are to be administered post discharge then copy of this sheet to be provided to animal care taker)		
DISCHARGE DATE		
OBSERVATION ON DATE OF DISCHARGE **(Pls. add any post discharge medicines to be administered)**		
DOCTOR'S NAME		**SIGN:**
IF THE ANIMAL IS DEAD		
DATE OF DEATH		
REASONS FOR DEATH		
POST MORTEM FINDINGS		
DOCTOR'S NAME		**SIGN:**

Animal Hospital Patient Record

Elsa Foundation

Ready to use “Animal hospital Inpatient record”