**Disaster Field Triage Form**

**Disaster Scene:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| DogsTotal | CatsTotal | OtherTotal | Deceased Total | CriticalOff-site | CriticalTreatedOn-Scene | Critical Total | GI Signs | Resp. Signs | RW Susp. | Lame | Green |
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**Notes:**

**Medical Record – Master Sheet**

Facility Name and Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Attach Picture Here**

|  |  |
| --- | --- |
| **Animal ID****Microchip****Present: #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Implanted: #\_\_\_\_\_\_\_\_\_\_\_\_\_****Species:****[\_] Canine****[\_] Feline****[\_] Equine****[\_] Avian****[\_] Other\_\_\_\_\_\_\_\_\_\_** | **Quarantine/ Transfer** |
| **Quarantine In: Date** |  |  |  |  |  |  |
| **Quarantine Out: Date** |  |  |  |  |  |  |
| **Reason for quarantine** |  |  |  |  |  |  |
| **Transfer In: Date** |  |  |  |  |  |  |
| **Transfer Out: Date** |  |  |  |  |  |  |
| **Reason for Transfer** |  |  |  |  |  |  |

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| **Date** | **Bordetella**  | **DAPP** | **FVRCP** | **Rabies**  | **Other** | **De-wormer** | **HW Prevent.** | **Flea Prevent.** | **Wt. (lb.)** |
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| **Date** | **Fecal** | **HW** | **FeL/FIV** | **Parvo**  | **EIA** | **Other** |
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| **Date of Onset** | **Medical/Behavioral Problem** | **Date Resolved** |
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**Medical Record**

Decon Status\_\_\_\_\_\_\_\_\_Animal ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex M[] F[] Altered Y[] N[]

Breed\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_ Wt \_\_\_\_\_\_\_\_ Temp\_\_\_\_\_\_\_\_\_\_ MM\_\_\_\_\_\_ CRT\_\_\_\_

Hydration Status\_\_\_\_\_ Shelter Location\_\_\_\_\_\_

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| **Species:** | Dog | Cat | Bird | Horse | Other |

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| **Physical Exam** | **Initial Physical Exam Notes** |
| 1. Eyes | NSF[], Abnormal, acute[] Abnormal, chronic[]Notes: |
| 2. Ears | NSF[], Abnormal, acute[] Abnormal, chronic[]Notes: |
| 3. Mouth/Dental/Nose | NSF[], Abnormal, acute[] Abnormal, chronic[]Notes: |
| 4. Lymph nodes | NSF[], Abnormal, acute[] Abnormal, chronic[]Notes: |
| 5. Heart | NSF[], Abnormal, acute[] Abnormal, chronic[]Notes: |
| 6. GI/Abdomen | NSF[], Abnormal, acute[] Abnormal, chronic[]Notes: |
| 7. Musculoskeletal | NSF[], Abnormal, acute[] Abnormal, chronic[]Notes: |
| 8. Neuro | NSF[], Abnormal, acute[] Abnormal, chronic[]Notes: |
| 9. Urogenital | NSF[], Abnormal, acute[] Abnormal, chronic[]Notes: |
| 10. Skin | NSF[], Abnormal, acute[] Abnormal, chronic[]Notes: |
| **Microchip Information** |
| Implanted | Other |
| None | Microchip Brand\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Present | Microchip # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Fecal [ ] | HW [ ] |
| FelV/FIV [ ] | EIA [ ] |

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| **Vaccinations Administered** |
| RAB [ ] | Bord [ ] | DAP+ [ ] | Lepto [ ] |
| FVRCP [ ] | FelLeuk [ ] |  |  |
| Parasite Control | Condition |
| Endoparasite [ ] Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Acute [ ] |
| Extoparasite [ ] Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Chronic [ ] |

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| Date | Progress Notes |
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**Euthanasia Form**

**Date of Euthanasia\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Animal ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Animals with Owners Present:**

I, the undersigned, am the owner (or duly authorized agent for the owner) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I hereby consent to the euthanasia (humane death) of my animal, forever releasing the individuals performing said euthanasia, and any and all staff and agencies involved, from any and all liability. To the best of my knowledge, this animal has not bitten or scratched anyone in the past fourteen days.

I authorize the attending veterinarian and staff to take charge of my pet's remains in accordance with local regulations. When possible, my preference is for the remains to be [\_] buried, [\_] cremated [\_] returned to me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name Signature

**Animals with Known Owners Who Are Not Present:**

Verbal [\_] or written [\_] consent with (owner’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency person making contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness to call\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If unable to reach owner:*

Time(s) and type of attempted contact:

Phone [\_] Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Text [\_] Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For All Animals Euthanized:**

Persons recommending euthanasia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for euthanasia: Trauma [\_] Illness [\_] Pain/Suffering [\_]

Photo taken (if stray) [\_]