

Box Turtle Admission Form

Date of Exam: ____/____/____ **Examiner:** _____ **Species:** _____

In-house I.D.: _____ **Where animal found** (include nearest intersection): _____

Date & Time Found: _____ **Contact information:** _____

Before doing detailed physical, make overall assessment of breathing, alertness, posture, and locomotion.

Breathing: Normal? ___ If not describe (e.g. labored, open mouth, neck extended, sounds) _____

Neurological: head tilt Y__N__; walks in circles Y__N__; other _____

Limbs (e.g. swollen, abnormal positioning, lameness): _____

Eyes: clear R __ L__; cloudy R __ L__; discharge R__ L __; color of discharge _____ sunken R__ L __;
bulging R __ L__; menace reflex R __ L__; equal pupil dilation Y__N__; other _____

Eye Lids: swollen R __ L __; lids sealed shut R __ L __; other _____

Tympanums: normal R __ L __; bulging R __ L __; discharge R __ L __; sunken R __ L __

Beak: normal ___; abnormal _____

Nares: normal ___; discharge/dried mucus _____; deformed _____

Oral Cavity: healthy pink Y__N__; pale Y__N__; raised oral plaques Y__N__; any discharge / bubbling;
Describe _____

Legs/ Feet /Tail: All present and normally shaped? _____

Soft tissue swelling Y__N__; painful response to manipulation Y__N__; Describe _____

Number of claws: FR __ FL__HR__HL __

Integument (e.g. normal, flaky, erythema, open lesions, cutaneous discharge, lumps): _____

Vent: swollen Y__N__; irritated Y__N__; Describe _____

Straining: Y__N__ **Prolapse** (which organ, describe): _____

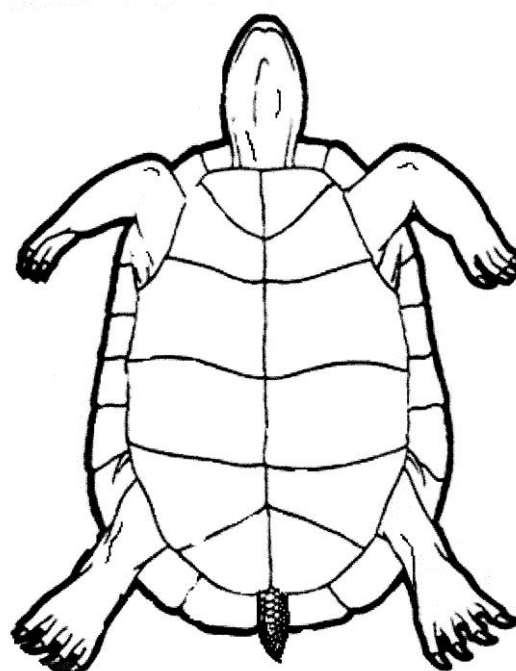
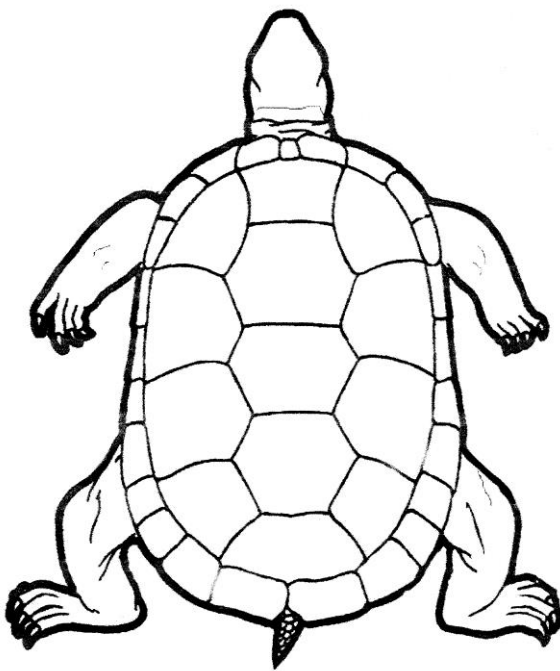
Gastrointestinal: vomiting (describe) _____
diarrhea (color/odor) _____

Gender: M ___ F ___ U ___ # **Scute Ridges / Rings** (discount natal ring): _____ # **Marginal Scutes** L ___ R ___

Wt: _____ g_ oz_ **Straight Midline Carapace Length:** _____ cm_ in_ **Light wt. for size:** Y ___ N ___

Distinguishing Physical Characteristics of Individual: _____

Sketch in any abnormalities below: *Attach photo of carapace and plastron with In-house I.D. on photo sheet*



Carapace (e.g. condition of scutes, exposed/missing bone): _____

Plastron (bone and scutes; esp. note if rosy tinge): _____

Left & Right Bridges (intact/freshly broken/ healed broken): _____

Fecal Analysis: date: _____ result _____

date: _____ result _____

date: _____ result _____

Additional Comments: _____

