

Box Turtle Admission Form

Date ____/____/____ Examiner _____ Scientific/Common Name _____
mm/dd/yy

Where found (address, nearest intersection, landmark) _____
 _____ Date & Time Found _____

Contact information _____
Name, phone number, email -- print legibly

Any previous treatment given, food, water _____

*Before handling the animal, make an overall assessment of breathing, demeanor, locomotion, and straining, if present.

*Breathing Normal. Otherwise (e.g., labored, open mouth, neck extended, audible sounds) _____

*Demeanor (state of alertness, posture, head position) _____

*Locomotion Normal. Otherwise (e.g., lameness, walks in circles) _____

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

Gender M__F__U__ # Scute Annuli/Rings (discount natal ring): _____ # Marginal Scutes L__R__

Age Class Circle \leq Yearling Juvenile Adult Temperature (prefemoral or prescapular) _____

Wt _____ g SCL _____ mm SCW _____ mm SCH _____ mm

Legs/Feet/tail Normal. Otherwise (e.g., missing, swollen [at joint/elsewhere?], lumps, ulcerated, lacerated, broken) _____

Digits/Claws Normal. Otherwise (e.g., missing, damaged) _____

Head Normal. Otherwise (e.g., tilted, lumps, ulcerations, lacerations) _____

Neck Normal. Otherwise (e.g., swollen, lumps, ulcerations, lacerations) _____

Eyes Normal. Otherwise (e.g., cloudy, discharge [color, consistency], squinty, sunken, swollen, missing, punctured, menace reflex, photopupillary reflex. *Use R or L to specify eye*) _____

Tympanums Normal. Otherwise (e.g., bulging, discharge, sunken. *Use R or L to specify side*) _____

Beak Normal. Otherwise (e.g., cracked, torn, overgrown) _____

Nares Normal. Otherwise (e.g., discharge [color, consistency], asymmetrical, damaged. *Use R or L to specify side*) _____

Oral Cavity (tongue, glottis, upper and lower palate, cheeks) Normal. Otherwise (e.g., texture and color of tongue and buccal cavity, petechiation, plaques, ulceration, abscesses, foreign body or other obstructions of choana, oral discharge/bubbling) _____

Skin Normal. Otherwise (e.g., sloughing, erythema, edema, lumps, ulcerations, lacerations, exudate, malodor, external parasites [identify], note if rosy flush present) _____

Cloaca Normal. Otherwise (e.g., damaged, reduced tone, swollen, erythema, abnormal discharge, external parasites [identify]) _____

Gastrointestinal: vomiting (describe) _____
feces (color, odor, consistency) _____

Digital palpation of the caudal coelomic cavity (through inguinal fossa). If performed, describe results (e.g., – eggs detected, abnormal masses, organ enlargement, excess fluid) _____

Carapace Normal. Otherwise (e.g., abnormal keratinization, pyramiding, scute loss, soft spots, fractures, ulcerations, pitting, discharge, malodor, new/healed injuries or deformities, missing bone) _____

Plastron Normal. Otherwise (e.g., scute loss, soft spots, fractures, ulcerations, pitting, discharge, malodor, new/healed injuries or deformities, missing bone, note if rosy flush present) _____

Bridges Normal. Otherwise (e.g., unhealed/healed broken, discharge, malodor. *Use R or L to specify side*) _____

Fecal Analysis

Date: _____ Result _____

Date: _____ Result _____

Date: _____ Result _____

Additional Comments _____

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

