**Lizard Clinical Record Sheet**

1. **ANIMAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| AEC Project # |  | Monitoring Frequency |  |
| Name of CI |  | Species |  |
| Room Number |  | Age/DOB/Tank/Animal I.D. |  |
| Treatment = Y/N |  |  |  |

1. **MONITORING**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date and Time** |  |  |  |  |  |  |  |  |
| **Criteria** |  |
| Feeding |  |  |  |  |  |  |  |  |
| Physical abnormality |  |  |  |  |  |  |  |  |
| Behavioural abnormality  |  |  |  |  |  |  |  |  |
| Environmental abnormality |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |
| **Signature** |  |  |  |  |  |  |  |  |
| **OFFICE USE ONLY****AWO CHECK** |  |  |  |  |  |  |  |  |

**Animal Monitoring Criteria**

|  |  |  |  |
| --- | --- | --- | --- |
| **Monitoring Criteria**  | **No obvious deviation from normal\*** | **Slight or intermittent or possible deviation from normal\*** | **Moderate or consistent or definite deviation from normal\*** |
| **Score** | **0** | **1** | **2** |
| Feeding | As expected for species. | As expected for species. | No interest or signs of eating for one week |
| Physical | Skin & body conformation normal. | Any sign of discharge from eyes, nose or cloaca, abnormal body shape, injuries, swelling, or excessive diarrhoea. Abnormal respiration. | Continuous signs of discharge from eyes, nose or cloaca, abnormal body shape, injuries, swelling, or excessive diarrhoea for >48 hours. |
| Behaviour | Active within normal parameters for species. | Abnormal level or character of activity or movement | Abnormal level or character of activity or movement for >48 hours. |
| Mortalities | As per approval-see running mortality sheet | Contact AWO. | Contact AWO. |

**Environmental Monitoring Criteria**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monitoring Criteria** | **Acceptable – No Intervention Requires** | **Intervention or Scheduled for remediation within 48 hours** | **Immediate Intervention** | **Type of Intervention** |
| **Environmental** | **0** | **1** | **2** |  |
| **Temperature °C** |  |  |  |  |
| **Substrate** |  |  |  |  |
| **Water** |  |  |  |  |
| **Shelter** |  |  |  |  |
| **Enrichment** |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Score** | **Assessment** | **Actions/Interventions** |
| **0** | Normal  | No action **(daily calendar signature)** |
| **1** | Animal demonstrates minor level of deviation from normal | Monitoring to be increased to twice until condition resolved and commence supportive treatments with management/AWO advice e.g. isolation, medication, increase in food, or topical ointments.  |
| **2** | Animal demonstrates moderate or major deviation from normal | Immediate euthanasia if certified on training register or consult with AWO and follow veterinary advice |

1. **MONITORING**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date and Time** |  |  |  |  |  |  |  |  |
| **Criteria** |  |
| Feeding |  |  |  |  |  |  |  |  |
| Physical abnormality |  |  |  |  |  |  |  |  |
| Behavioural abnormality  |  |  |  |  |  |  |  |  |
| Environmental abnormality |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |
| **Signature** |  |  |  |  |  |  |  |  |
| **OFFICE USE ONLY****AWO CHECK** |  |  |  |  |  |  |  |  |

1. **MONITORING**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date and Time** |  |  |  |  |  |  |  |  |
| **Criteria** |  |
| Feeding |  |  |  |  |  |  |  |  |
| Physical abnormality |  |  |  |  |  |  |  |  |
| Behavioural abnormality  |  |  |  |  |  |  |  |  |
| Environmental abnormality |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |
| **Signature** |  |  |  |  |  |  |  |  |
| **OFFICE USE ONLY****AWO CHECK** |  |  |  |  |  |  |  |  |