

Field number _____ Tag # _____ Color _____ MH# _____ IFAW# _____

**IFAW Marine Mammal Rescue
CETACEAN HEALTH ASSESSMENT FORM**

Examiner: _____ Affiliation: _____ Date: _____
 Beach: _____ Town: _____ Animal proximity to HTline: _____
 Weather Conditions: _____ Tide: Incoming / Outgoing
 Species: _____ Age Class (circle): Calf Juvenile Adult Length _____ est/actual Sex: M/ F/ CBD

Circle all that apply or describe findings:

	Initial Exam by Animal Handlers	Staff Findings
Behavior	Alert Responsive Thrashing Shivering Rolling Arching Lethargic Non-responsive Vocalizing Other:	Comments:
Posture when found	On left side On right side On ventral surface Describe if necessary:	Comments:
Body Condition	Emaciated Not Emaciated	Comments:
External Wounds/ Lesions	None Head Flippers (Dorsal) Back (Ventral) Stomach Describe size, depth, appearance, number, and location:	Comments:
Mouth	Discharge: Yes No Describe: Mouth: Open Closed Belching Abnormalities/Wounds (describe):	MM Color: CRT= Teeth: Tongue:
Blowhole	Normal Froth Bleeding Discharge (describe color, amt, consistency) Wounds (describe):	Foul discharge Comments:
Eyes	Describe wounds or abnormalities:	Discharge: Reflex: Pupils size: Comments:
Feces	None Foamy Flatulence Describe color, amt, consistency:	Comments:
Urine	None Describe color and amt:	Comments:
Human Interaction	Yes No How determined : Describe:	Comments: Documentation:
Additional Animal Supervisor Comments	Hydration: Rectal Temp (97.7-99.5 F =normal): Reflexes: Other:	Supervising Staff Member:

