

Animal Care Plan

Details

History:

Animal ID / TAG Number:

Animal Name:

Owner name:

Species:

Address:

Breed:

Age:

Sex:

Samples requested (e.g. urine, faeces / date / by whom):

Telephone:

Mobile:

Weight:

CPH Number:

Colour:

Responsible Person:

Wattle:

People Involved In My Care:

Personality:

Life Stage **Neonate**

Adult

Geriatric

Summary of Current Abilities

	Current routine	Actual problem	Potential problem	Long-term goal
1. Eating				
2. Drinking				
3. Respiratory				
4. Defecate				
5. Eyes				
6. Body temperature				
7. Grooming				
8. Mobility				
9. Sleep/rest				
10. Express normal behaviour				

Additional influencing factors, e.g. financial, cultural.

Care Log

To be completed once weekly or more often if required

Date	Hen Therapy	Interventions	Staff Initials

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