



Rehab reference number:

## TREATMENT RECORD

A record MUST be kept regarding each casualty

Date in ..... Sex ..... Age .....  
Species.....

Estimated release date .....

Name & Address of vet (if required)  
.....

Weight: brought in ..... release .....

<i>Date</i>	<i>Physical Check</i>	<i>Vet visit</i>	<i>Medication given</i>	<i>Comments</i>

If passed to another person, who & when:  
.....

**Final Outcome:** ..... **Date:** .....

If released, where? .....