

CANINE TREATMENT AND RESUSCITATION RECORD

Part I, Animal Technician/Nursing Flow Sheet

Date _____

1. PATIENT/CANINE INFORMATION

1.1 TRAUMA TEAM DATA

| Service | Time Called | Time Arrived | Name |
|---------------------|-------------|--------------|-------|
| ED Physician | _____ | _____ | _____ |
| Veterinarian | _____ | _____ | _____ |
| Trauma Surgeon | _____ | _____ | _____ |
| Radiology | _____ | _____ | _____ |
| Pharmacy | _____ | _____ | _____ |
| Lab/Blood Bank | _____ | _____ | _____ |
| Respiratory Therapy | _____ | _____ | _____ |
| Anesthesiology | _____ | _____ | _____ |
| Consult (Germany) | _____ | _____ | _____ |

1.2 ARRIVAL

Date _____
Time of Arrival _____
Time of Injury _____
Date of Injury _____
Transit Time minutes _____

1.3 EVAC FROM

1st Responder
 Forward Resuscitative Care
 Theater Hospital
Location _____

1.4 MODE OF ARRIVAL

Walked/Carried CCATT
 CASEVAC - Air Ship EVAC
 CASEVAC - Ground AE
 MEDEVAC - Air Other
Mission # _____
 MEDEVAC - Ground _____
Mission # _____

1.5 INJURY TYPE

Blunt
 Burn
 Penetrating
 Medical (Non-trauma)

1.6 INJURY CLASSIFICATION

Battle
 Non-Battle
 Unknown

1.7 TRIAGE CATEGORY

Immediate Delayed Minimal Expectant

1.8 SAFETY

Muzzle Applied
 Handler Present
 Sedated

1.9 PATIENT CATEGORY

USA MWD USAF MWD
 USN MWD USCG MWD
 NATO - USMC MWD
 Coalition MWD Contractor MWD
 Non-NATO - Other MWD
 Coalition MWD

1.10 PPE

Body Armor
 Doggles/Eye Protection
 Ear Protection
 Other _____

1.11 INJURY CAUSE

Building Collapse IED MVC
 Bullet/GSW Inhalation Injury UXO
 Fire/Flame (Burn) Mine Heat/Sun
 CBRNE Mortar/Rocket Medical
 Fall Artillery Shell Other _____

2. CARE DONE PRIOR TO ARRIVAL

2.1 PREHOSPITAL TOURNIQUET

Front Extremities:

Type: _____
 CAT SOFTT
 Other _____
Time On _____ Off _____
 L How many? 1 3
 2 4
Effective? Y N
 R How many? 1 3
 2 4
Effective? Y N

Rear Extremities:

Type: _____
 CAT SOFTT
 Other _____
Time On _____ Off _____
 L How many? 1 3
 2 4
Effective? Y N
 R How many? 1 3
 2 4
Effective? Y N

2.2 PREHOSPITAL VITALS

Sedation Level: _____
 Alert P _____
 Sedated RR _____
 Lethargic BP _____ / _____
 Unconscious SpO₂ _____
T _____ F _____ C CRT _____

2.3 HEMORRHAGE CONTROL

Celox Field Dressing
 ChitoFlex QuikClot
 Combat Gauze None
 Direct Pressure Unknown
 Other _____

2.4 PREHOSPITAL WARMING

Blanket
 Body Bag
 HPMK
 Space Blanket
 Other _____

2.5 PREHOSPITAL MEDS

2.6 PREHOSPITAL INTERVENTIONS

Intubated Y N IO Infusions Y N IV Fluids Y N
Tracheostomy Y N E-Collar Y N Pain Scale (0 - 4)
Needle _____
Decompression Y N CPR Y N _____

3. PRIMARY ASSESSMENT

3.1 VITALS

P _____
RR _____
BP _____ / _____
SpO₂ _____
Pain Scale (0 - 4) _____

3.2 NEURO/MENTAL STATUS

Hyperactive Disoriented MGCS
 Alert Stupor L of C _____
 Sedated Comatose Motor _____
 Depressed Brainstem _____
TOTAL _____

3.3 HYPO / HYPERTHERMIA CONTROL MEASURES

Arrival Temp _____ F C Temperature Control Procedure:
Time _____ Date _____
 Bair Hugger Warming Blanket
 Warmed Fluids Cooling Blanket
Route: Aural L > R R > L
 Rectal IV Fluids
 Other _____

3.4 AIRWAY

Patent BVM (Ambu)
 Panting Intubated
 Stridor Other: _____
 Obstructed
 OPA _____

3.5 BREATHING

Unlabored
 Labored
 Panting
 Abdominal Component
 Absent

Breath Sounds:

Clear L R
Rales L R
Wheeze L R
Absent L R

Chest Symmetry:

Equal
 L > R
 R > L
Flail: L R

Trachea:

Midline
 Deviated

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3. PRIMARY ASSESSMENT (CONT.)

3.6 NOTES

3.7 CIRCULATION

Mucus Membrane
 Hot Warm Cool
 Pink Pale
 Moist Dry
 Cyanotic Brick Red

Heart Sounds CRT
 Clear < 2 s
 Muffled ≥ 2 s

4. SECONDARY SURVEY

4.1 HEAD / NECK ENT

Drainage:
 Nasal (Color) _____
 Ear (Color) _____

Dental Injury Y N

JVD Y N

Reactive Pupils
 Right: Left:
 Y N Y N
 Brisk Brisk
 Sluggish Sluggish
 NR NR

4.2 HEART

Rhythm
 NSR PEA
 Tachy Brady
 V-fib V-tach
 Asystole
 Normal Sinus Arrhythmia
 Other _____

Pulses
S = Strong **W** = Weak
D = Doppler **A** = Absent

Femoral L R
 Dorsal Metatarsal L R

4.3 ABDOMINAL

Open Wound
 Flat
 Distended
 Rigid
 Bruising
 Soft
 Pain

FAST + / -

Site DH
 CC
 SR
 HR

4.4 EXTREMITIES

Deformities **Pulses Present** **Motor** **Sensory**

LF _____ Y N Y N
 RF _____ Y N Y N
 LR _____ Y N Y N
 RR _____ Y N Y N

Pulses Present: indicate **S**=Strong **W**=Weak **D**=Doppler **A**=Absent

4.5 ALLERGIES

Unknown
 NKDA
 Other _____

4.6 CURRENT MEDICATIONS

Unknown None
 Current Meds: (List med, dose, & route)

4.7 MEDICAL HISTORY

4.8 PROCEDURES

| Procedure | Time | Size/Type | Site | Performed By | Results/Notes |
|------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------|
| O ₂ Therapy | _____ Lpm On _____ _____ % Off _____ | <input type="checkbox"/> Low Flow Blow By <input type="checkbox"/> OPA <input type="checkbox"/> High Flow Blow By <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> BVM/(Ambu) | | | |
| ET Intubation | Time _____ | Trach Tube _____ mm | <input type="checkbox"/> Oral <input type="checkbox"/> Tracheostomy | | <input type="checkbox"/> ETCO ₂ Change <input type="checkbox"/> BBS Post Intubation |
| Chest Tube #1 | Time _____ | | <input type="checkbox"/> L <input type="checkbox"/> R | | <input type="checkbox"/> Air Blood (ml) _____ |
| Chest Tube #2 | Time _____ | | <input type="checkbox"/> L <input type="checkbox"/> R | | <input type="checkbox"/> Air Blood (ml) _____ |
| Needle Decompression | Time _____ | | <input type="checkbox"/> L <input type="checkbox"/> R | | <input type="checkbox"/> Air Blood (ml) _____ |
| Tourniquet | Time _____ | Types _____ | <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR | | |
| Urinary | Time _____ | Amount Color Foley Size | | | |
| Other Procedure | Time _____ | Describe _____ | | | |
| Other Procedure | Time _____ | Describe _____ | | | |
| Other Procedure | Time _____ | Describe _____ | | | |

Hemorrhage Control Celox Combat Gauze Field Dressing QuikClot ChitoFlex Direct Pressure HemCon
 None Unknown Other _____

PATIENT IDENTIFICATION Name _____ Tattoo # _____ Microchip # _____ DOB _____

Age _____ Gender M F N Breed _____ MWD Type _____ Handler Name _____

Deployed/Assigned Unit _____ Vet/Tech/HCP Name _____ Vet/Tech/HCP Signature _____

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4. SECONDARY SURVEY, continued

4.9 VENT SETTINGS

Time _____
 Mode: _____
 FiO2: _____
 Rate: _____
 PEEP: _____
 TV: _____
 Notes: _____

4.10 INTRAVENOUS/INTRAOSSEOUS ACCESS AND FLUIDS/BLOOD PRODUCTS

| Start Time | Rate | Type | Gauge | Site | IV Type | Amount Up | Amount In | Stop Time | Initials |
|------------|-------|---------------------------------------------------------|-------|-------|---------|-----------|-----------|-----------|----------|
| _____ | _____ | <input type="checkbox"/> IV <input type="checkbox"/> IO | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | <input type="checkbox"/> IV <input type="checkbox"/> IO | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | <input type="checkbox"/> IV <input type="checkbox"/> IO | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | <input type="checkbox"/> IV <input type="checkbox"/> IO | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | <input type="checkbox"/> IV <input type="checkbox"/> IO | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

4.11 MEDICATIONS

| Start Time | Drug | Dose | Site | Route | Stop Time | Initials |
|------------|-------|-------|-------|-------|-----------|----------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

4.12 LABS

| Time | Test | Time | Test |
|-------|------------|--------------------------|-----------------------|
| _____ | CBC | _____ | INR |
| _____ | Chem7 | _____ | Lactate |
| _____ | Chem12 | _____ | U/A |
| _____ | H&H | <input type="checkbox"/> | Other, specify: _____ |
| _____ | ABG/Serial | _____ | _____ |
| _____ | VBG | _____ | _____ |
| _____ | PT/PTT | _____ | _____ |

4.13 CT

| Type | Time |
|-------------------------------------|-------|
| <input type="checkbox"/> Head | _____ |
| <input type="checkbox"/> Spine | _____ |
| <input type="checkbox"/> Chest | _____ |
| <input type="checkbox"/> Abd/Pelvis | _____ |
| <input type="checkbox"/> Pan Scan | _____ |

4.14 X-RAY

| Type | Time | |
|---------------------------------|-------|------------------------------------|
| <input type="checkbox"/> Head | _____ | <input type="checkbox"/> Extremity |
| <input type="checkbox"/> Spine | _____ | <input type="checkbox"/> LF |
| <input type="checkbox"/> Chest | _____ | <input type="checkbox"/> RF |
| <input type="checkbox"/> Abd | _____ | <input type="checkbox"/> LR |
| <input type="checkbox"/> Pelvis | _____ | <input type="checkbox"/> RR |
| | _____ | Time |

4.15 Pending Studies

4.16 Results

4.17 VITAL SIGNS

| Time | BP | P | RR | Temp | SpO2 | Other (ICP) | Initials |
|-------|-------|-------|-------|-------|-------|-------------|----------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

4.18 DISPOSITION

Date: _____ Time: _____ Handler Present: Y N

RTD Full Light Work No Work for _____ Days

Admit OR ICU ICW Vet Clinic

Evac to VTF Role 2 VTF Role 3

VMCE Facility Name: _____

Evac Priority Routine Priority Urgent

Evac Mode Ambulatory Gurney/Litter Crate/Kennel

Evac Transport Vehicle

MEDEVAC: Rotary Wing Fixed Wing CCATT

Ground: Ambulance Non-Medical

4.19 NOTES

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CANINE TREATMENT AND RESUSCITATION RECORD

Part II, Veterinarian/Physician

Date _____

1. HISTORY & PHYSICAL - INJURY DESCRIPTION

| | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|
| 1.1 ARRIVAL Date _____ Time of Arrival _____ | 1.2 TRIAGE CATEGORY <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minimal <input type="checkbox"/> Expectant | 1.4 INJURY DESCRIPTION (AB)rasion (AMP)utation (AV)ulsion (BL)eeding (B)urn %TBSA _____ (C)repitus (D)eformity (DG)degloving (E)cchymosis (FX)Fracture (F)oreign Body (GSW)Gun Shot Wound (H)ematoma (I)llness (not trauma) (LAC)eration (PW)Puncture Wound (SW)Stab Wound (P)ain (PP)Peppering | <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">L</td> <td style="width: 25%; border: none;">R</td> <td style="width: 25%; border: none;">R</td> <td style="width: 25%; border: none;">L</td> </tr> </table> | L | R | R | L |
| L | R | R | L | | | | |
| 1.3 CHIEF COMPLAINT, HISTORY AND PRESENTING ILLNESS _____ _____ _____ _____ _____ _____ _____ _____ | | Pulses Present S= Strong W= Weak D= Doppler A=Absent | | | | | |

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.5 HISTORY AND PHYSICAL <u>Head & Neck :</u> _____ _____ _____ <u>Chest:</u> _____ _____ _____ <u>Abdomen/Back and Spine:</u> _____ _____ _____ <u>Pelvis:</u> <input type="checkbox"/> Stable <input type="checkbox"/> Unstable | 1.6 PRE / INITIAL PROCEDURES / DIAGNOSTICS Pre / Initial Pre / Initial <input type="checkbox"/> <input type="checkbox"/> Trach <input type="checkbox"/> <input type="checkbox"/> Cantholysis & Canthotomy <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> ICP Monitor <input type="checkbox"/> <input type="checkbox"/> Tympanic Membranes Rupture <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> Eye Injury <input type="checkbox"/> L <input type="checkbox"/> R Blood <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Fluorescein <input type="checkbox"/> - / <input type="checkbox"/> + Needle Decompression <input type="checkbox"/> R <input type="checkbox"/> L Pericardial FAST <input type="checkbox"/> - / <input type="checkbox"/> + <u>Output</u> <input type="checkbox"/> Air Describe _____ <input type="checkbox"/> Blood (ml) _____ Thoracic FAST <input type="checkbox"/> - / <input type="checkbox"/> + <input type="checkbox"/> Pericardiocentesis Site <input type="checkbox"/> L CTS <input type="checkbox"/> R CTS DPL <input type="checkbox"/> Gross Blood: <input type="checkbox"/> - / <input type="checkbox"/> + Describe _____ _____ _____ Serial AFAST <input type="checkbox"/> - / <input type="checkbox"/> + Site <input type="checkbox"/> DH <input type="checkbox"/> CC <input type="checkbox"/> SR <input type="checkbox"/> HR Rectal Exam <input type="checkbox"/> WNL <input type="checkbox"/> Weak/Absent Tone Gross Blood: <input type="checkbox"/> - / <input type="checkbox"/> + <input type="checkbox"/> Closed Reduction <input type="checkbox"/> EXT Fixation <input type="checkbox"/> Splint <input type="checkbox"/> Wound Washout <input type="checkbox"/> Tourniquet <input type="checkbox"/> L # _____ <input type="checkbox"/> R # _____ <input type="checkbox"/> Closed Reduction <input type="checkbox"/> EXT Fixation <input type="checkbox"/> Splint <input type="checkbox"/> Wound Washout <input type="checkbox"/> Tourniquet <input type="checkbox"/> L # _____ <input type="checkbox"/> R # _____ <input type="checkbox"/> Sedated <input type="checkbox"/> Hypertonic Saline <input type="checkbox"/> Mannitol <input type="checkbox"/> Seizure Protocol <input type="checkbox"/> Central Line Loc _____ Site _____ <input type="checkbox"/> IO/IV Loc _____ Site _____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | | | |
|-------------------------------|-----------------------------------------------------------------------------------------|------------------------------|-------------------|--------------------|
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| Age _____ | Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N | Breed _____ | MWD Type _____ | Handler Name _____ |
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Part II, Veterinarian/Physician

Date _____

1.7 PUPILS / VISION

Brisk L R Sluggish L R NR L R Hand Motion L R
 Light Perception L R No Light Perception L R
 Anisocoria L > R R > L

1.8 BURN

Cause _____
 Super Deep PT %TBSA _____
 Super PT Full _____

1.9 EXTREMITIES

| | Motor | Sensory | ROM |
|----|-------------------|-------------------|-------------------|
| LF | + _____ / - _____ | + _____ / - _____ | + _____ / - _____ |
| RF | + _____ / - _____ | + _____ / - _____ | + _____ / - _____ |
| LR | + _____ / - _____ | + _____ / - _____ | + _____ / - _____ |
| RR | + _____ / - _____ | + _____ / - _____ | + _____ / - _____ |

2. LABORATORY RESULTS

2.1 CBC

_____ WBC
 _____ RBC
 _____ HGB
 _____ HCT
 _____ PLT

2.2 CHEMISTRY 7/12

_____ Na _____ Gluc _____ TProtein
 _____ K _____ BUN _____ ALT
 _____ Cl _____ Crea _____ AST
 _____ Ca _____ Albumin _____ ALP
 _____ CO2 _____ TBili _____ Lactate

2.3 COAG

_____ PT
 _____ PTT
 _____ INR

2.5 VBG/ABG

_____ VBG
 _____ pH
 _____ PaO2
 _____ PaCO2
 _____ HCO3
 _____ SaO2

2.6 URINALYSIS

_____ SpGr
 _____ pH
 _____ LEU
 _____ PRO
 _____ GLU
 _____ KET
 _____ UBG
 _____ BIL
 _____ HGB

2.7 OTHER LABS

3. X-RAYS and CT

3.1 CT OBTAINED

Head
 Spine
 Chest
 Abd/Pelvis
 Pan Scan*

3.2 X-RAYS OBTAINED

Head Extremity
 Spine LF
 Chest RF
 Abd LR
 Pelvis RR
 Other _____
 Other _____
 Other _____

3.4 PENDING STUDIES

3.5 RESULTS (include TEG/Rotem results)

3.3 Foreign Body

Projectile Shrapnel Debris
 Incendiary Device Bones
 Other: _____

4. IMPRESSION/ASSESSMENT

4.1 Severity

Critical
 Severe
 Moderate
 Mild

4.2 Impression/Assessment Comments

5. DIAGNOSES

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

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6. PLAN

6.1 PLAN

7. DNBI / NBI CATEGORY

- Injury, MVC Surgical Other
 Injury, Work/Training Disease Describe

8. CAUSE OF DEATH

8.1 ANATOMIC

- Airway Neck Abdomen
 Head Chest Pelvis
 Extremity LF RF LR RR
 Other, Specify _____

8.2 PHYSIOLOGIC

- MOF Sepsis CNS Hemorrhage Breathing
 Heart Failure Total Body Disruption
 Other, Specify _____

8.3 DEATH INFORMATION

Date of Death _____ Time of Death _____ Mortuary Affairs Notified? N/A Y NEuthanized Y N Method _____Gross Necropsy by DVM Y N Necropsy Date _____ Necropsy Time _____Time between death and necropsy _____ Gross Pathology Report: Y N UnknownSamples Shipped to JPC Y N N/A Unknown

Death Remarks _____

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