

Case Report Template for National Skunk Census

Skunk's Name (optional):

Veterinarian's Name/Clinic Name (Optional):

State:

Date of Birth (estimate if needed):

Date of Death (if deceased):

Breeder:

Coloration:

Age at time of presentation:

Sex:

Was the animal spayed/neutered:

Weight (at time of presentation):

Diet (Including any supplements):

Vaccine history:

Has the animal ever been administered meloxicam (metacam@), and for how long?

Has the animal ever been administered enrofloxacin (Baytril@), and for how long?

What was the owner's reason for presenting the skunk to you?

What abnormalities were noted on physical exam?

What diagnostics were performed?

What, if any, abnormalities were found in the diagnostic testing (list normals for lab if possible)?

Was a diagnosis made, if yes, what was it?

What, if any, medications were prescribed for the condition?

Were there any negative responses to the medications used (list, and describe)?

Were diet modifications made? Describe.

Was the condition resolved?

If not, what was the outcome (long-term therapy, natural death, euthanasia, other)?

If deceased was a necropsy done?

Summarize findings of the necropsy:

May we contact you for more information (and what is the best way)?

May we publish this case on the website?

Is there anything that you learned from this case that you would like to share with skunk owners and colleagues?

Please attach any images, and results (in their entirety) that can be published on the website.

Fax filled out form to Dr. Renata Schneider at 1-866-924-5818 or e-mail to schneidervet@yahoo.com.