<table>
<thead>
<tr>
<th>DATE</th>
<th>CHANGE IN RESPIRATION RATE OR INCREASED SOUN</th>
<th>CHANGE IN POSTURE / WEIGHT BEARING</th>
<th>DROOPY EYES OR REDNESS</th>
<th>CHANGE IN BEHAVIOUR</th>
<th>REDUCED FOOD / WATER INTAKE</th>
<th>DIARRHOEA</th>
<th>ABNORMAL DISCHARGE</th>
<th>CHANGE IN CONDITION / WEIGHT</th>
<th>ELEVATED TEMPERATURE</th>
<th>DISCHARGE OR INFECTION AT SURGICAL SITE</th>
<th>OTHER / COMMENTS</th>
<th>TOTAL SCORE</th>
<th>SIGNED</th>
</tr>
</thead>
</table>

**YES = 1**  
Scores of 3 require the animal to be checked 3 times per day

**NO = 0**  
Scores of higher than 3 require Animal Welfare / Veterinary advice  
Scores of higher than 4 require Euthanasia