## ANIMAL HEALTH REPORT

Section A General Date:	eral Information: (Complete all areas)					
Building: Manager: Te	echnician/Caretaker's Name:	Phone:				
Investigator's Name:	Animal Study Proposal #:					
Section B Anin	mal Identification: (Complete all areas)					
Species: Mouse Rat Other: (circle	one) Strain:	Date of Birth:				
Sex: M F (circle one) ID #:	Room: Cage Lo	ocation:				
Section C Description of Condition or Situation: (Complete # 1-3. Be Specific)						
1. Location on Animal's Body (circle all that ap	pply)					
Back Belly Chest Left Side of Body Right Side of Body Tail Left Front Leg / Foot Right Leg / Foot						
Left Hind Leg / Foot Right Hind Leg / Foot Head Face Neck Eye – Left/Right Ear – Left/Right Mouth / Teeth						
Other Location:						
2. Severity: How Serious/Severe is the condition? (circle one) Mild Moderate Severe						
3. <b>Description</b> : Describe the condition (what is wrong with the animal):						
<del></del>	tment (Complete Either #1 or #2)					
1. We have started treatment on (date) Name of Medication: We are treating X daily and will continue through (date)						
NOTE: All treatments will be administered at least 2X per day for 7-10 days. Report the status of the animal at Day 5-7 of treatment						
2Veterinary consultation requested.						
<ol> <li>COMPLETE ALL SECTIONS OF THIS FORM</li> <li>FAX this completed form to Dr. Herring @ x60</li> <li>If you are not contacted within 15 minutes, please call the LAM office.</li> </ol>	68 Building 244, Room 213/214	CLAM, x 5195				
FOLLOW- UP(S):						