ANIMAL HEALTH REPORT

Section A **General Information**: ***(Complete all areas)***

Date:_____

Building:_____ Manager: _____ Technician/Caretaker's Name:_____ Phone: _____

Investigator's Name:_____ Animal Study Proposal #:_____

Section B **Animal Identification**: ***(Complete all areas)***

Species: Mouse Rat Other: _____ (circle one) Strain: _____ Date of Birth:_____

Sex: M F (circle one) ID #:_____ Room:_____ Cage Location:_____

Section C **Description of Condition or Situation:** ***(Complete # 1-3. Be Specific)***

1. **Location** on Animal's Body ***(circle all that apply)***

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. **Description**: Describe the condition (what is wrong with the animal): _____

_____

Section D **Treatment** ***(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 3-4 of treatment

2._____**Veterinary consultation requested**.

1. **COMPLETE ALL SECTIONS OF THIS FORM**
2. **FAX this completed form to Dr. Herring @ x6068**
3. **If you are not contacted within 15 minutes, please call the LAM office.**

LABORATORY ANIMAL MEDICINE
Building 244, Room 213/214
Jeanne M. Herring, V.M.D., Dip. ACLAM, x 5195
Julie A. Bullock, BS, RLAT, x 7538

FOLLOW- UP(S):

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