

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 LAM @ x6068

3. If you are not contacted within 15 minutes, please call the LAM office.

LABORATORY ANIMAL MEDICINE

Building 244, Room 213/214

Dr. Jeremy Smedley x 5195 or 301 451 1960

Julie A. Bullock, BS, RLATG, x 7538

FOLLOW- UP(S):
