

ANIMAL HEALTH REPORT

Building: _____ Date: _____

Technician: _____ Caretaker: _____ Phone: _____

Investigator: _____ Animal Study Proposal #: _____

Animal ID #: _____

Strain: _____ Date of Birth: _____ Sex: _____

Room: _____ Cage Location: Rack ___ Row ___ Cage _____

Location and description of the condition: _____

The condition is (circle one): Mild Moderate *If Severe, you must call LAM

Treatment start date: _____ Name of Medication: _____

Treat 2X daily. Update this report on Day of 3-4 of treatment. If condition is improving, continue treating for 6-7 days more. If condition is not improving, contact LAM.

Other Information: _____

FOLLOW- UP: Include date and description of current condition

LABORATORY ANIMAL MEDICINE
Robert Werner, DVM - x 5195
Raja Sriperumbudur, DVM - x 5577
Julie Bullock, RVT, RLATG - x 7538

FAX this completed form to LAM at 301-846-6068 (x6068)