



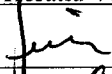
Animal Care Facility Form

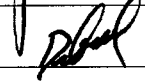
TITLE: Health Action Form

Document No.: 915.01.frm

Effective Date: _____

ORIGINATOR: Horatiu V. Vinerean

APPROVED:  10/22/12 (Attending Veterinarian)

APPROVED:  10/22/12 (Principal Investigator)

Summary of Changes to this Document:

Distribution:
(1) Animal Facility



Animal Care Facility Form

TITLE: Health Action Form

Document No.: 915.01.frm

Effective Date: _____

Principal Investigator _____ Protocol # _____ Date: _____

Room # _____ Lab Contact Ext. _____ Animal ID _____

Species _____ Female Male Litter: _____

Date Received _____

Description of Condition (Please check the appropriate one)

- Not eating/Drinking, No feces/Urine, Diarrhea, Coughing, Sneezing, Dehydrated, Nasal Discharge, Eye Discharge, Sleepy/Depressed, Difficult Breathing, Head Tilt, Circling, Malocclusion, Lameness, Open Wound, Tumor/Abscess, Hair Loss, Skin Condition

Other Clinical Signs _____

Are there any other ill animals in the same room? Yes No

Were any animal found dead in the same room? Yes No

Was the cage been identified with a color card? Yes No

Reported by _____

VET TECHNICIAN Evaluation: _____

Lab Contact Person Contacted _____ Date _____ Time _____

Veterinarian Evaluation: Horatiu V. Vinerean DVM, DACLAM (Ext. 7-8315)

Date: _____ Time: _____

Three horizontal lines for additional notes or signatures.