



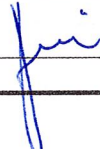
Animal Care Facility Form

TITLE: Health Action Form

Document No.: 915.01.frm

Effective Date: 10/22/2012

ORIGINATOR: Horatiu V. Vinerean

APPROVED:  (Attending Veterinarian)

Summary of Changes to this Document:

Distribution:
(1) Animal Facility



Animal Care Facility Form

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TITLE: Health Action Form

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Principal Investigator _____ Protocol # _____ Date: _____

Room # _____ Lab Contact Ext. _____ Animal ID _____

Species _____ ☐ Female ☐ Male Litter: _____

Date Received _____

Description of Condition (Please check the appropriate one)

- | | | |
|--|--|---|
| <input type="checkbox"/> Not eating/Drinking | <input type="checkbox"/> Nasal Discharge | <input type="checkbox"/> Malocclusion |
| <input type="checkbox"/> No feces/Urine | <input type="checkbox"/> Eye Discharge | <input type="checkbox"/> Lameness |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Sleepy/Depressed | <input type="checkbox"/> Open Wound |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Difficult Breathing | <input type="checkbox"/> Tumor/Abscess |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Head Tilt | <input type="checkbox"/> Hair Loss |
| <input type="checkbox"/> Dehydrated | <input type="checkbox"/> Circling | <input type="checkbox"/> 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: _____
