Animal Wellness Report

Report Type: Initial

Investigator:

Date: DD MM YYYY

Pedigree #:

Species:

Sex: ☐ Male ☐ Female

DOB: DD MM YYYY

Protocol #:

ID:

Cage #:

Reported by:

Room:

Strain:

Contacted by:

Group Name:

Location:

Condition
- ☐ DelPheno
- ☐ Dermatitis
- ☐ Bite Wounds
- ☐ Ear, Sore
- ☐ Eye, Sore
- ☐ Eye, Swollen
- ☐ Eye, Red
- ☐ Foot, Sore
- ☐ Muzzle, Sore
- ☐ Penis, Sore
- ☐ Rectal Prolapse
- ☐ Tail Problems
- ☐ Mass Too Large
- ☐ Mass Open

Severity
- ☐ Mild
- ☐ Moderate
- ☐ Severe

Expt. Info:

Treatment:

Follow Up:

Follow Up ☐ Yes ☐ No ☐ Repeat

In ____ Days

Date: DD MM YYYY

Resolution
- ☐ Euth
- ☐ Healed
- ☐ Transferred
- ☐ Found Dead

Technician:

Resolution Date: DD MM YYYY