

Animal Health Evaluation Request

To contact phone/text 410-706-8537, 443-677-9028, email detolla224@comcast.net

Bldg/Rm: _____ **Submitted by:** _____ **Date/Time:** _____

PI Name: _____ **PI Ph:** _____

Protocol #: _____ **Circle:** Mouse, Rat, Guinea pig, Frog, Turtle, Sugar glider, cat, goat, bird
Other _____

Species or Strain _____ **ID: # (if assigned one)** _____

Circle Problem (s) noted and their location on the animal(s):

Activity/Abnormal

Not Active

Not Drinking

Not Eating

Limping

Coughing

Sneezing

Difficulty Breathing

Dehydration

Diarrhea

Weight Loss

Lesion/wound

Open Wound

Cut

Bleeding

Swollen

Losing Hair

Crusted or scabbed

Clear Discharge

Yellow Discharge

Green Discharge

Tumor/Mass

Body location

Nose

Tail

Head

Rectum

Neck

Back

Chest

Genital area

Belly

Eye

R L Both

Ear

R L Both

Leg Front

R L Both

Rear

R L Both

Other: _____

First Responder/Vet Tech: _____ **Date Case Opened:** _____

Observations: _____

Action: _____

Veterinarian's Assessments: _____

Tx Plan: _____

Veterinarian Closing Case (Print Initials): _____ **Date Case Closed:** _____
(USDA Covered Species)