

Animal Wellness Report

Report Type	Initial	Investigator		Date	DD	MM	YYYY
Pedigree #		Species		Sex	☐ Male	☐ Female	
DOB	DD	MM	YYYY	Protocol #			
Cage #		Reported by		ID			
Strain		Contacted by		Room			
Group Name		Location					

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

- Severity
- ☐ Mild
- ☐ Moderate
- ☐ Severe

Expt. Info

Treatment

Follow Up

Follow Up ☐ Yes ☐ No ☐ Repeat

In Days

Date

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

Technician

Resolution Date

