Marquette University Animal Health Report **PI and Vet Notified**

Date: _____ Time: _____ Protocol #: AR- _____

PI:_____

Animal Location & Identification

Species:_____ Room:_____ Rack# _____ ID#:_____

DOB:_____ Sex:_____

NAD – Not able to Discern

1. Coat & Skin ☐ Hair Loss ☐ Trauma ☐ Ulcers ☐ Barbering/Fight Wounds ☐ Tumor ☐ Other ☐ NAD	**Health Assessment**: Initial Assessment / Additional Comments _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ Animal appears to be in pain and/or distress: ☐YES / ☐NO **Proposed Treatment:** ☐ No treatment required at this time. Monitor per protocol instruction. Contact Veterinarian if condition declines. ☐ Proposed treatment(s): _____ _____ _____ _____ _____ _____ _____ ☐ Recheck frequency: _____
2. Ears, Eyes, & Nose ☐ Discharge ☐ Redness ☐ Ulcers ☐ Other ☐ NAD	
3. Mouth/Teeth ☐ Malocclusion ☐ Broken Teeth ☐ Other ☐ NAD	
4. Legs, Feet, & Paws ☐ Trauma ☐ Lameness ☐ Ringtail Syndrome ☐ Other ☐ NAD	
5. Heart & Lungs ☐ Rapid Breathing ☐ labored Breathing ☐ Pale ears/nose/paws ☐ weakness ☐ Other ☐ NAD	
6. Gastrointestinal ☐ Not eating ☐ Abnormal Feces ☐ Other ☐ NAD	
7. Neurological ☐ loss of balance ☐ Head Tilt ☐ limpness/partial paralysis ☐ Other ☐ NAD	**Re-check:** Date / Time: _____ Initial: _____ _____ _____ _____ _____ **Final Disposition:** ☐ Improved / Resolved ☐ Euthanized
8. Activity, Behavior, Body Weight ☐ Normal ☐ Abnormal Behavior ☐ Moribund ☐ Weight Loss ☐ Other ☐ NAD	

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