


DATE:		REPORTED BY:		INITIAL OBSERVATIONS/SYMPTOMS:			
PRINCIPAL INVESTIGATOR:							
CONTACT PERSON AND PHONE NUMBER:							
ETHICS NUMBER:				WEIGHT:		SCORE:	
ANIMAL DETAILS:				<input type="checkbox"/> Ruffled or dull coat (1) <input type="checkbox"/> Dull/reluctant to move (1-3) <input type="checkbox"/> Change in behaviour (1) <input type="checkbox"/> Fighting/wounds (1) <input type="checkbox"/> Poor posture/hunched (1) <input type="checkbox"/> No faeces/not eating (1) <input type="checkbox"/> Diarrhoea (1) <input type="checkbox"/> Malocclusion (1) <input type="checkbox"/> Dehydration/sunken eyes (1) <input type="checkbox"/> Weight loss (1) <input type="checkbox"/> Eye Abnormalities (1) <input type="checkbox"/> Other <small>Scores of 4 or more require Animal Welfare Officer advice and notify Team Leader. (Detail in 'initial observations')</small>			
STRAIN: DATE OF BIRTH: BREEDER # STOCK EXPERIMENTAL ID / SEX: CAGE MATES: ♂ ♀ OTHER:							
ROOM:				INITIAL ACTION TAKEN: who has been informed, immediate management of the problem, orange card etc.			
CAGE LOCATION:				INITIAL PLAN: daily observations and treatment to be noted on otherside of page			
RACK: ROW: COLUMN:				TREATMENT PLAN: for each treatment indicate: name, dose, route, how often, how long for etc.			
BASIC ANIMAL HISTORY: (include recent procedures including dates, anticipated use or outcomes)				RESEARCHER RESPONSE:			
				<input type="checkbox"/> PLAN AUTHORISED BY RESEARCHER - including treatment plan Researcher initial: _____			

