

# LABORATORY ANIMAL SERVICES (Form MSAH#101)

## CLINICAL RECORD SHEET (Rat and Mouse)



RESEARCHER NAME: \_\_\_\_\_ CONTACT NO. \_\_\_\_\_ START WEIGHT \_\_\_\_\_  
 DEPARTMENT: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ AEC NUMBER: \_\_\_\_\_ EUTH. WT\* \_\_\_\_\_

DATE	TIME	WEIGHT (g)	DULL/RUFFLED COAT	POOR POSTURE / HUNCHED	PALE OR SUNKEN EYES	CHANGE IN BEHAVIOUR	DEHYDRATION	DIARRHOEA	SQUEALING WHEN HANDLED	RELUCTANT TO MOVE (score = 3)	WEIGHT LOSS SCORE	COMMENTS AND OR OTHER HEALTH ISSUES (description & score)	TOTAL SCORE	SIGNED

**YES = 1**                      Scores of 2 require the animal to be checked 2 times per day  
**NO = 0**                      Scores of 3 require the animal to be checked 3 times per day  
 Scores of 4 require Animal Welfare Officer advice & notify Facility Coordinator  
 Scores of higher than 4 or >15% weight loss\* require Euthanasia