

LABORATORY ANIMAL SERVICES (Form MSAH#114)
CLINICAL RECORD SHEET (Sheep)



RESEARCHER NAME: _____
DEPARTMENT: _____

ID NUMBER: _____
ANIMAL ETHICS NUMBER: _____

DATE	CHANGE IN RESPIRATION RATE OR INCREASED SOUND	CHANGE IN POSTURE / WEIGHT BEARING	DROOPY EYES OR REDNESS	CHANGE IN BEHAVIOUR	REDUCED FOOD / WATER INTAKE	DIARRHOEA	ABNORMAL DISCHARGE	CHANGE IN CONDITION SCORE / WEIGHT	ELEVATED TEMPERATURE	DISCHARGE OR INFECTION AT SURGICAL SITE	OTHER / COMMENTS	TOTAL SCORE	SIGNED

YES = 1 Scores of 3 require the animal to be checked 3 times per day
NO = 0 Scores of higher than 3 require Animal Welfare / Veterinary advice
 Scores of higher than 4 require Euthanasia