LABORATORY ANIMAL SERVICES (Form MSAH#114)

CLINICAL RECORD SHEET (Sheep)

THE UNIVERSITY OF ADELAIDE AUSTRALIA

RESEARCHER NAME: _____ **ID NUMBER:** _____

DEPARTMENT: _____ **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	DISCHARE OR INFECTION AT SURGICAL SITE	OTHER / COMMENTS	TOTAL SCORE	SIGNED

YES = 1

NO = 0

Scores of 3 require the animal to be checked 3 times per day

Scores of higher than 3 require Animal Welfare / Veterinary advice

Scores of higher than 4 require Euthanasia