VET CHECK FORM

Researcher: ___________ Date first observed: ___________

PI: ___________ Room No.: ___________

IACUC No. ___________ Rack No.: ___________

Strain: Gender: Ear Mark/ID: Age:

Remarks (hair loss, abnormal discharge, eye problem, skin wound etc.):

Please circle the affected area if any:

Ventral

Inspection by Attending Veterinarian

Date inspected: Signature: Researcher informed on:

Diagnosis:

Action Plan: