

Principal Investigator:	IACUC#:	USF IDs #:
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Recording Technician:	Arrival Date:	Source:
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Species:	Sex: M F	DOB:	
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Description:
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Prior Conditioning:
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Please Enter Below to Indicate Subjective Impression “—” not performed or N/A, N=Normal, A=Abnormal. If Abnormal, please describe observations.

USF #										
Eyes										
Ears										
Nose										
Mouth										
Skin. Coat										
Nails										
Weight										
Tattoo/transponder										
Heart Rate:										
Respiratory Rate:										
Body Temperature:										
Capillary Refill Time:										

General Condition/Assessment: (*e.g.: Healthy, or BAR are acceptable for group observation, please note exceptions)
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Treatment (N/A if animal is healthy):
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