

Animal Evaluation Request

Contact VR Vet Staff Mon-Fri, 8:30am-5:00pm, weekends/holidays 8:00am- 2:00pm: 443-602-0690

OR After Hours: 443-400-7882

Circle: Mouse Rat Hamster Guinea pig Ferret Rabbit Dog Sheep Pig NHP Frog Other: _____

ID: # (if assigned one) _____ **Building/Rm #:** _____

Date/Time: _____ **Rack #/Location (if applicable):** _____

PI Name: _____ **Reported by:** _____

Protocol: # _____ **Phone #:** _____

Circle Problem(s) noted and their location on the animal:

Abnormality/ Injury/Illness

Body Location

Fur/Hair coat	Under weight	Head	Tail
Wound/Cut	Malocclusion	Nose	Rectum
Crusting/Scabbing	Not eating/inappetence	Mouth/Teeth	Genital area
Swelling/Bruising	Not drinking	Neck	Abdomen
Bleeding	Not active/lethargic	Chest	Back
Coughing	Hunched	Eye	R L Both
Sneezing	Lameness/limping	Ear	R L Both
Difficulty breathing	Dehydration	Front Limb/Toes	R L Both
Colored Discharge	Tumor/Mass	Rear Limb/Toes	R L Both
Diarrhea	Prolapse	Fin	Top Bottom Side
Vomiting	Fighting/aggressive		

Other: _____

VR Responder: _____ Date Case Opened: _____

Observations: _____

Actions: _____

Veterinarian's Assessments: _____

Tx Plan: _____

Date Case Closed (veterinarian or veterinary technician initials): _____