

# ANIMAL EXAMINATION REQUEST FORM (AERF)

University Animal Care – Clinical Services

Protocol # \_\_\_\_\_

Cage Card # \_\_\_\_\_

## Location Information

Date:	Facility:	Room:	Room Designation:	Cage Location/ Rack:
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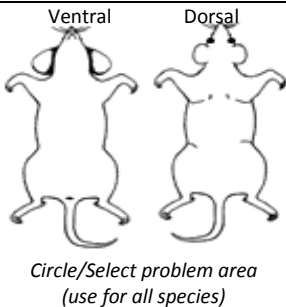
## Contact Information

Investigator & Contact:	Phone:
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## Animal Information

# of Animals Reporting / # of Animal in Cage: /	Date Animal Received:	Date of Birth:
Ear tag/tattoo/UAC I.D.:	Sex:	Species/Breed/Strain:
All handwritten notations (indicate also breeder/weanling/litter in pan:		

## Reason for Request

Reason for Request		
Requested by:	Room Technician:	

----- PLEASE DO NOT WRITE BELOW THIS LINE -----

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Veterinarian: \_\_\_\_\_ Tech: \_\_\_\_\_

## Subjective & Objective

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\_\_\_\_\_

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## Assessment & Plan

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Sample Submission  Yes  No Describe: \_\_\_\_\_

Comments: \_\_\_\_\_

Date	Time	Observations/Treatments	Initials

PI: \_\_\_\_\_

Name/ID#: \_\_\_\_\_

