

### Animal Evaluation Request

Contact VR Vet Staff Mon-Fri, 8:30am-5:00pm: 443-602-0690 OR After Hours: 443-835-9841

**Circle:** Mouse Rat Hamster Guinea pig Ferret Rabbit Dog Sheep Pig NHP Frog Other: \_\_\_\_\_

**ID: #** (if assigned one) \_\_\_\_\_

**Date/Time:** \_\_\_\_\_

**Building:** \_\_\_\_\_

**Rm #:** \_\_\_\_\_

**Rack #/Location (if applicable):** \_\_\_\_\_

**PI Name:** \_\_\_\_\_

**Submitted by:** \_\_\_\_\_

**Protocol: #** \_\_\_\_\_

**Ph #:** \_\_\_\_\_

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

**Abnormality/ Injury/Illness**

**Body Location**

Fur/Hair coat	Coughing
Clear Discharge	Sneezing
Yellow Discharge	Difficulty breathing
Green Discharge	Not eating/inappetence
Wound/Cut	Not drinking
Bleeding	Not active/lethargic
Crusting/Scabbing	Lameness/limping
Swelling/Bruising	Dehydration
Tumor/Mass	Emaciation
Malocclusion	Diarrhea
	Vomiting

Head		Tail	
Nose		Rectum	
Mouth/Teeth		Genital area	
Neck		Abdomen	
Chest		Back	
Eye	R	L	Both
Ear	R	L	Both
Front Limb/Toes	R	L	Both
Rear Limb/Toes	R	L	Both
Fin	Top	Bottom	Side

**Other:** \_\_\_\_\_

VR Responder: _____	Date Case Opened: _____
Observations: _____ _____	
Actions: _____ _____	
Veterinarian's Assessments: _____ _____	
Tx Plan: _____ _____	
Date Case Closed (veterinarian or veterinary technician initials): _____	