

Washington State University  
Office of Campus Veterinarian  
509-335-6246

Medical Record#:

Date: \_\_\_\_\_

Researcher: \_\_\_\_\_

Facility/RM# \_\_\_\_\_

ASAF: \_\_\_\_\_

Animal ID: \_\_\_\_\_

Age (DOB): \_\_\_\_\_

Sex: \_\_\_\_\_

Species: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

History: (Is this a recheck of an ongoing case Y or N ) Entrance Exam? Y/N

Previous Medical Record: \_\_\_\_\_

Physical Examination: Wgt:

T:

P:

R:

Rumen:

GENERAL APPEARANCE ( )NORMAL ( )ABNORMAL	INTEGUMENTARY ( )NORMAL ( )ABNORMAL	MUSCULOSKELETAL ( )NORMAL ( )ABNORMAL	CIRCULATORY ( )NORMAL ( )ABNORMAL
RESPIRATORY ( )NORMAL ( )ABNORMAL	DIGESTIVE ( )NORMAL ( )ABNORMAL	GENITOURINARY ( )NORMAL ( )ABNORMAL	EYES ( )NORMAL ( )ABNORMAL
NEURAL SYSTEM ( )NORMAL ( )ABNORMAL	LYMPH NODES ( )NORMAL ( )ABNORMAL	TEETH ( )NORMAL ( )ABNORMAL	EARS ( )NORMAL ( )ABNORMAL

Treatment:

Number of Animals: \_\_\_\_\_

Etiology/Diagnosis : \_\_\_\_\_

Prognosis: \_\_\_\_\_

Instructions \_\_\_\_\_

Pharmaceutical Withdrawals: \_\_\_\_\_

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Technician Signature: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_

