

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

Medical Record#:0001-0100

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? circle) _____ Previous Medical Record: _____

Physical Examination: Wgt: _____ T: _____ P: _____ R: _____ Rumen: _____

Treatment:

Number of Animals: _____

Etiology/Diagnosis : _____

Prognosis: _____

Instructions _____

Pharmaceutical Withdrawals: _____

Time In: _____

Time Out: _____

Resolved: Y or N

Technician Signature: _____

Clinician Signature: _____

