UNIVERSITY OF CINCINNATI
LABORATORY ANIMAL MEDICAL SERVICES

INDIVIDUAL ANIMAL HEALTH RECORD

For calves, cats, dogs, goats, pigs, rabbits, & sheep only

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

Species: _____ **Sex:** ☐ **Male** ☐ **Female** **Animal I.D.** _____

Date of Birth/Arrival Date: _____ **Bldg/Room #:** _____

Date/Time	Initials	Comments

DO <u>NOT</u> WRITE ON THE BACKSIDE OF THIS FORM.

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