

## USC Department of Animal Resources Clinical Examination Form

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### Reported Information:

(P.I.)	(Species)	(Animal I.D.)
(Date)	(Bldg/Rm)	(Protocol#)
(Contact Name)	(Phone)	(Reported by)

(Problem)
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### Animal Information:

(Breed/Strain)	(Color)	(Sex/Age/Wt.)
(Date Rec.)	(Source)	(Other Info.)

(Experimental Use)
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### Physical Examination:

(General Appearance and Attitude)
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(Temperature)	(Pulse Rate)	(Respiratory Rate)
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Body Systems: Mark <b>N</b> for normal, <b>A</b> for abnormal, or leave blank when not examined								
Integument	N	A	Eyes	N	A	Ears	N	A
Musculoskeletal	N	A	Cardiovascular	N	A	Respiratory	N	A
Gastrointestinal	N	A	Urinary	N	A	Reproductive	N	A
Endocrine	N	A	Nervous	N	A	Lymphatic	N	A

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Clinical Notes and Plans continued on next page...

Clinical Notes and Plans:

Veterinarian Signature:

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