Clinical Health Record Research or Instructional Animal University of Georgia College of Veterinary Medicine	Animal ID #_____ AUP#_____ Date Rec'd_____ Vendor _____

Species_____ Breed _____ Sex _____ Age/est. _____

Color/Markings/Other identifying features _____

Principal Investigator (P.I.)_____User (if different from P.I.) _____ Dept. _____

Project _____ Date assigned _____

Final disposition (e.g. sold, reassigned, cause of death – euthanasia, experimental, spontaneous, etc.)_____ Date _____

Date	Location	Activity/Comment	Initials

Clinical Health Record (continuation) Animal ID _________ Page # ___________

Date	Location	Activity/Comment	Initials

Clinical Health Record (continuation) Animal ID _________ Page # ___________

Date	Location	Activity/Comment Initials