Daily Animal Assessment

Month	&	Year
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PI Name:_____

Room #:_____

Species:_____

Check box or fill in data as requested

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Day of Month	Employee Initials (am/pm)	Temperature ℉ High/Low/Current		% Humidity High/Low/Current		Lighting Time on/off		Animals have Food	Animals have H20	Cages are Clean	Cages were Changed	Animals are Healthy	Sick Animals were Treated/PTS*	
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* Please report sick animals to the appropriate veterinary support unit. Post-Op observation, treatment and other health records are to be maintained in addition to this form.

Daily Animal Assessment

Month & Year

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