

Daily Animal Assessment

Month & Year _____

PI Name: _____

Room #: _____

Species: _____

Check box or fill in data as requested

Day of Month	Employee Initials (am/pm)	Temperature °F High/Low/Current			% Humidity High/Low/Current			Lighting Time on/off		Animals have Food	Animals have H2O	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.

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