**ANIMAL MONITORING SHEET**

**AEC PROJECT NUMBER:** **CHIEF INVESTIGATOR:** **Chrissie the awesome**

**ANIMAL ID NUMBER / IDENTIFIER:** **SPECIES / STRAIN:**

**MALE / FEMALE: AGE / DOB: COMMENTS:**

* Each animal is to be examined and observed for abnormalities daily or weekly, depending on health of the animals.
* Each entry should be initialed by the person completing the form.
* Observations are recorded below with a tick a if fine or cross X if abnormal. If abnormal, the Comments section should be completed, with more detailed information over the page if insufficient space.
* Veterinary examinations, medications or surgery should also be recorded under Intervention & Comments.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Observation** | **Date: / /** | **Date: / /** | **Date: / /** | **Date: / /** | **Date: / /** | **Date: / /** | **Date: / /** |  |
| **Undisturbed** | **a X** | **By** | **a X** | **By** | **a X** | **By** | **a X** | **By** | **a X** | **By** | **a X** | **By** | **a X** | **By** | **Comments** |
| Level of Activity |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Breathing rate  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Eating / Food |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Water  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Shelter |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Body Condition |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Gait |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **On Handling** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Alert |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Body condition |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Eyes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Beak |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Feathers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Limbs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Intervention** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |