

**ANIMAL CARE AND USE COMMITTEE MINISTRY OF HEALTH (ACUC-MOH FORM)**

**ANIMAL MONITORING FORM**

**PROJECT TITLE :**

**ACUC NO. :**

**ANIMAL (SPECIES) :**

**ANIMAL ID :**

**CLINICAL EXAMINATION FINDINGS**

|  |  |  |  |  |  |  |
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| **Clinical Observation** | **Day Date Time Weight** | **Day Date Time Weight** | **Day Date Time Weight** | **Day Date Time Weight** | **Day Date Time Weight** | **Day Date Time Weight** |
| **GENERAL APPEARANCE** | | | | | | |
| **Activity/ Alertness** (*Normal=0; isolated/dull or depressed =1; huddled/inactive/ little response to handling =2; moribund/fitting/ unconscious =3)* |  |  |  |  |  |  |
| **Posture** (*Normal = 0; hunched = 2; trembling=3)* |  |  |  |  |  |  |
| **Movement/Gait** *(Normal=0; slight incoordination=1; tiptoe walking or reluctance to move=2; staggering/limb dragging/paralysis=3)* |  |  |  |  |  |  |
| **Coat condition** *(Normal/groomed=0; rough=1; ruffled/unkempt=2; bleeding or infected wounds or self-mutilation=3)* |  |  |  |  |  |  |
| **Eyes** *(normal=0; wetness or dull eyes=1; discharge/squinty eyes=2; matted eyes=3)* |  |  |  |  |  |  |
| **Dehydration** *(none=0; skin less elastic=1; skin tenting=2; skin tenting & sunken eyes=3)* |  |  |  |  |  |  |
| **RESPIRATORY SYSTEM** | | | | | | |
| **Breathing** *(normal=0; rapid, shallow=1; rapid, abdominal breathing=2; laboured, irregular, skin blue=3)* |  |  |  |  |  |  |
| **Nose** *(normal=0; wetness=1; discharge =2; coagulated nasal discharge=3)* |  |  |  |  |  |  |
| **DIGESTIVE SYSTEM** | | | | | | |
| **Eating/drinking** *(normal=0; decreased intake during the 1st 24 hrs day=1; decreased intake more than 1 day=2; decreased intake over 48hrs=3)* |  |  |  |  |  |  |
| **Faeces** *(normal=0; moist but formed=1; loose, soiled peri-anal area or mucoid=2; watery or no faeces for 48hrs or blood=3)* |  |  |  |  |  |  |
| **GENITO-URINARY SYSTEM** | | | | | | |
| **Urine** *(normal = 0; Increased/decreased = 3)* |  |  |  |  |  |  |
| **OTHER FINDINGS** | | | | | | |
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Note: Please mark the score (0-3) and write any other findings observed. Mark NA if no findings.

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| **MONIITORED BY/ INITIAL** |  |
| **DATE** |  |