

## Animal Report Form (ARF)

*This form serves to initiate a request for veterinary care and must be completed when unexpected clinical signs are observed in a research animal. The primary enclosure housing the ill/injured animal must also be identified with a "sick animal" cage card.*

|                             |                        |                                |                               |
|-----------------------------|------------------------|--------------------------------|-------------------------------|
| <b>Reported by:</b>         | <b>Date/Time:</b>      | <b>Building/Room:</b>          | <b>Rack Location:</b>         |
|                             |                        |                                | <b>Rack:    Row:    Cage:</b> |
| <b>Investigator Cage #:</b> | <b>Species/Strain:</b> | <b>Sex:</b>                    | <b>Ear tag #:</b>             |
| <b>Date of Birth:</b>       | <b>AUS #:</b>          | <b>Principal Investigator:</b> | <b>Contact Info:</b>          |

**Description of Problem:** \_\_\_\_\_

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Completed forms must be delivered, faxed (864-5305) or emailed ([acu@ku.edu](mailto:acu@ku.edu)) to the ACU Office.