

DOC# : _____

Specimen: _____

Specimen Observation Report

DOC # : _____

Observation Period Duration : _____ Days.

Specimen ID#: _____ Specimen Ref#: _____

Species: _____

Common Name: _____

Specimen Gender: _____

Color / Pattern Phase: _____

Intergrade: _____

Incest Bloodline: _____

Date Obtained: ____/____/____

Source Obtained: _____

Location Obtained: _____

Total Health Rating When Obtained :

☐ Critical ☐ Severe ☐ Poor ☐ Fair ☐ Good ☐ Excellent

Total Health Percentage Rating When Obtained: _____ %

Intake Health Examination Performed By: _____

Intake Health Examination Performed On: ____/____/____

Specimen Observation Report
DOC # : _____
Specimen ID#: _____
Specimen Ref# : _____
<input checked="" type="checkbox"/> This Record Is Active
<input type="checkbox"/> This Record Is inactive
<input type="checkbox"/> This Record Is Closed
Date Closed: ____/____/____
x _____

Specimen Observation Report

DOC# : _____

Specimen: _____

General Specimen Health Examination

DOC # : _____

Species: _____

Specimen ID#: _____

Common Name: _____

Specimen Ref.#: _____

Specimen Gender: _____

Specimen Color/Pattern Phase: _____

Examination Performed: ____/____/____

Examiner: _____

Observation Period : _____ Days

	Critical	Severe	Poor	Fair	Good	Excellent	%
Eyes:							
Mouth:							
Skin:							
General Weight:							
Alertness:							
Activeness:							
Feeding Response:							

Injuries (If any) :

Treatments (If any) :

Parasites (If any) :

Specimen Observation Report

DOC# : _____

Specimen: _____

Special Conditions (If any):

☐ Gravid ☐ Opaque ☐ Lethargic ☐ Underweight

Comments:

Total Health Rating:

☐ Critical ☐ Severe ☐ Poor ☐ Fair ☐ Good ☐ Excellent

Total Health % Rating : _____ %

General Examination Performed By: _____

Examination Performed On: ____/____/____

Examiner Signature: x_____

DOC# : _____

Specimen: _____

Behavioral Observation Report

Date: ____/____/____

Approximate Specimen Age: ____/____/____

Specimen ID#: _____ Specimen Ref. # : _____

Species: _____

Common Name: _____

Specimen Gender: _____

Color / Pattern Phase: _____

Intergrade: _____

Incest Bloodline: _____

Date Of Last Successful Feeding : ____/____/____

Date Of Last Shedding : ____/____/____

Date Of Last Defecation : ____/____/____

Date Of Last Urination : ____/____/____

Date Of Last Copulation : ____/____/____

Date Of Last General Health Examination : ____/____/____

Last Total Health Rating :

☐ Critical ☐ Severe ☐ Poor ☐ Fair ☐ Good ☐ Excellent

_____%

DOC# : _____

Date: ____/____/____ **Time:** ____ : ____ am / pm **Temperature:** _____

Humidity: _____% **[] This Behavior Has Been Observed Before.**

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

☐ Defensive ☐ Feeding Response ☐ Communicative

☐ Breeding ☐ Territorial ☐ Unknown

☐ Other : _____

Observer Name : _____

Observer Signature : x

Specimen Observation Report

DOC# : _____

Specimen: _____