

DOC # : _____

General Specimen Health Examination

Specimen: _____

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) :

DOC # : _____

General Specimen Health Examination

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_____