

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
<p>DOC # : _____</p> <p>Specimen ID#: _____</p> <p>Specimen Ref# : _____</p> <p style="text-align: center;"><input checked="" type="checkbox"/> This Record Is Active <input type="checkbox"/> This Record Is inactive</p> <p style="text-align: center;"><input type="checkbox"/> This Record Is Closed</p> <p>Date Closed: ____ / ____ / ____</p> <p>x _____</p>

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

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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

_____ %

Specimen Observation Report

DOC# : _____

Specimen: _____