Large Animal Receiving Record							
PROTOCOL #:		PI:		VENDOR/SOURCE:			
SEX:	AGE/WT:	SPECIES:		BREED:			
# RECEIVED:	ARRIVAL	DATE:	RECEIV	ED BY:			
GENERAL VISUAL HEALTH OBSERVATIONS:							

## Note any individual animal description and treatments below

Date	ID	Abnormality Observed	Treatment	Initials

If any clinical problems noted contact ACS:

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