

**Southeastern Louisiana University
Veterinary Consult Report Form**

Location and room of animals examined: _____

Species: _____

Identification on Cage/Aquarium: _____

Individual requesting veterinary consultation: _____

Request Date: _____

Examination Date: _____

Observed Symptom: _____

Diagnosis: _____

Euthanasia Recommended: YES or NO
Treatment Recommended: YES or NO

Treatment: _____

Comments: _____

Veterinarian's Signature: _____ **Date:** _____