SICKNESS/INJURY, TREATMENT, AND MORTALITY

GLOBAL ANIMAL PARTNERSHIP

Operation name: _____

Date	Animal/Group ID	If you treated the animal(s):				If sickness/injury was observed:		If the animal died:	
		Substance given	Method of administration	Duration of administration	Employee giving treatment	Type of sickness/injury *(e.g., lame, thin, respiratory)*	Outcome	Was the animal: 1) found dead or 2) euthanized?	Cause of death / reason for euthanasia