

# CLINICAL CASE REPORT

Date: \_\_\_\_\_ Species: \_\_\_\_\_ Animal Number(s): \_\_\_\_\_

Location: \_\_\_\_\_

Single Case: \_\_\_\_\_ Group Treatment: \_\_\_\_\_

Protocol Number: \_\_\_\_\_ Principal Investigator: \_\_\_\_\_

Clinician: \_\_\_\_\_

Reported By: \_\_\_\_\_

Problem: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other  
Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please fill out each time a clinical case is started and send to the UT Attending Veterinarian at [olac@utk.edu](mailto:olac@utk.edu) or fax to the OLAC office (865-974-5649).  
Thank you.