

**TREC REMOTE STATION
CLINICAL CASE REPORT**

Date: _____ **Species:** _____ **Animal Identification:** _____

Location: _____

Single Case: _____ **Group Treatment:** _____

Protocol Number: _____ **Principal Investigator:** _____

Reporting Clinician/Caregiver: _____

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 or fax to the OLAC office (865-974-5649).
Thank you.