

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: Thadens

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x 14FN
Enalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
5-1-17	6:30		(b)(6)
5-2-17	6:30		
5-3-17	6:30		
5-4-17	6:30		
5-5-17	6:30		
5-6	7:00		
5-7	7:00		
5-8-17	6:30		
5-9-17	6:30		
5-10-17	6:30		
5-11-17	6:30		
5-12-17	6:30		
5-13-17	6:00		
5-14-17	6:00		
5-15-17	6:30		
5-16-17	6:30		
5-17-17	6:30		
5-18-17	6:30		
5-19-17	7:00		
5-20-17	6:30		
5-21-17	6:30		
5-22-17	6:30		
5-23-17	6:30		
5-24-17	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThademaBldg # (b)(4) Den # _____Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 81mg Aspirin-low dose
SID x UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
5-1-17	6:30		(b)(6)
5-2-17	6:30		
5-3-17	6:30		
5-4-17	6:30		
5-5-17	6:30		
5-6	7:00		
5-7	7:00		
5-8-17	6:30		
5-9-17	6:30		
5-10-17	6:30		
5-11-17	6:30		
5-12-17	6:50		
5-13-17	6:00		
5-14-17	6:00		
5-15-17	6:30		
5-16-17	6:30		
5-17-17	6:30		
5-18-17	6:30		
5-19-17	7:00		
5-20-17	6:30		
5-21-17	6:30		
5-22-17	6:30		
5-23-17	6:30		
5-24-17	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID XUFN

TREATMENT

Date	Time of Treatment	Comments	Initials
5-1-17	6:30		(b)(6)
5-2-17	6:30		
5-3-17	6:30		
5-4-17	6:30		
5-5-17	6:30		
5-6	7:00		
5-7	7:00		
5-10-17	6:30		
5-9	6:30		
5-10	6:30		
5-11-17	6:30		
5-12-17	6:30		
5-13-17	6:00		
5-14-17	6:00		
5-15-17	10:30		
5-16-17	6:30		
5-17-17	6:30		
5-18-17	6:30		
5-19-17	7:00		
5-20-17	6:30		
5-21-17	6:30		
5-22-17	6:30		
5-23-17	6:30		
5-24-17	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4) Den # _____Veterinarian: (b)(6)Time: _____ Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
4-1-17	6:00	2:00		(b)(6)
4-2-17	6:00	2:00		
4-3-17	6:00	2:00		
4-4-17	6:30	2:00		
4-5-17	6:30	2:00		
4-6-17	6:30	2:00		
4-7-17	6:30	2:00		
4-8-17	6:30	2:00		
4-9-17	6:30	2:00		
4-10-17	6:30	2:00		
4-11-17	6:30	2:00		
4-12-17	6:30	2:00		
4-13-17	6:30	2:00		
4-14-17	6:30	2:00		
4-15-17	6:30	2:00		
4-16-17	6:30	2:00		
4-17-17	6:30	2:00		
4-18-17	6:30	2:00		
4-19-17	6:30	2:00		
4-20-17	6:30	2:00		
4-21-17	6:30	2:00		
4-22-17	6:30	2:00		
4-23-17	6:00	2:00		
4-24-17	6:00	2:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (1) F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 81mg Aspirin-low dose
SID x 4FN

TREATMENT

Date	Time of Treatment	Comments	Initials
4-1-17	6:00		(b)(6)
4-2-17	6:15		
4-3-17	6:00		
4-4-17	6:30		
4-5-17	6:30		
4-6-17	6:30		
4-7-17	6:30		
4-8-17	6:30		
4-9-17	6:30		
4-10-17	6:30		
4-11-17	6:30		
4-12-17	6:30		
4-13-17	6:30		
4-14-17	6:30		
4-15-17	6:30		
4-16-17	6:30		
4-17-17	6:30		
4-18-17	6:30		
4-19-17	6:30		
4-20-17	6:30		
4-21-17	6:30		
4-22-17	6:30		
4-23-17	6:00		
4-24-17	6:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: Thadens

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x 14FNEnalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
4-1-17	10:00		(b)(6)
4-2-17	10:10		
4-3-17	10:00		
4-4-17	6:30		
4-5-17	6:30		
4-6-17	6:30		
4-7-17	6:30		
4-8-17	6:30		
4-9-17	6:30		
4-10-17	6:30		
4-11-17	6:30		
4-12-17	6:30		
4-13-17	6:30		
4-14-17	6:30		
4-15-17	6:30		
4-16-17	6:30		
4-17-17	6:30		
4-18-17	6:30		
4-19-17	6:30		
4-20-17	6:30		
4-21-17	6:30		
4-22-17	6:30		
4-23-17	10:00		
4-24-17	10:00		

(over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1360Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 8mg Aspirin-low dose
SID x UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
3-1-17	6:30		(b)(6)
3-2-17	6:30		
3-3-17	6:30		
3-4-17	6:30		
3-5-17	6:30		
3-6-17	6:30		
3-7-17	6:30		
3-8-17	6:30		
3-9-17	6:30		
3-10-17	6:30		
3-11-17	6:30		
3-12-17	6:30		
3-13-17	6:30		
3-14-17	6:30		
3-15-17	6:30		
3-16-17	6:30		
3-17-17	6:30		
3-18-17	6:30		
3-19-17	6:30		
3-20-17	6:30		
3-21-17	6:30		
3-22-17	6:30		
3-23-17	6:30		
3-24-17	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: Thaddeus

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x 14FNEnalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
3-1-17	6:30		(b)(6)
3-2-17	6:30		
3-3-17	6:30		
3-4-17	6:30		
3-5-17	6:30		
3-6-17	6:30		
3-7-17	6:30		
3-8-17	6:30		
3-9-17	6:30		
3-10-17	6:30		
3-11-17	6:30		
3-12-17	6:30		
3-13-17	6:30		
3-14-17	6:30		
3-15-17	6:30		
3-16-17	6:30		
3-17-17	6:30		
3-18-17	6:30		
3-19-17	6:30		
3-20-17	6:30		
3-21-17	6:30		
3-22-17	6:30		
3-23-17	6:30		
3-24-17	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThoderaBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID x 14FN

TREATMENT

Date	Time of Treatment		Comments	Initials
3-1-17	6:30	2:00		(b)(6)
3-2-17	6:30	2:00		
3-3-17	6:30	2:00		
3-4-17	6:30	2:00		
3-5-17	6:30	2:00		
3-6-17	6:30	2:00		
3-7-17	6:30	2:00		
3-8-17	6:30	2:00		
3-9-17	6:30	2:00		
3-10-17	6:30	2:00		
3-11-17	6:30	2:00		
3-12-17	6:30	2:00		
3-13-17	6:30	2:00		
3-14-17	6:30	2:00		
3-15-17	6:30	2:00		
3-16-17	6:30	2:00		
3-17-17	6:30	2:00		
3-18-17	6:30	2:00		
3-19-17	6:30	2:00		
3-20-17	6:30	2:00		
3-21-17	6:30	2:00		
3-22-17	6:30	2:00		
3-23-17	6:30	2:00		
3-24-17	6:30	2:00		

(over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 8mg Aspirin-low dose
SID x UFN

TREATMENT.

Date	Time of Treatment	Comments	Initials
2-1-17	6:30		(b)(6)
2-2-17	7:00		
2-3-17	7:00		
2-4-17	6:30		
2-5-17	6:30		
2-6-17	6:30		
2-7-17	6:30		
2-8-17	6:30		
2-9-17	6:30		
2-10-17	6:30		
2-11-17	6:30		
2-12-17	6:30		
2-13-17	6:30		
2-14-17	6:30		
2-15-17	6:30		
2-16-17	6:30		
2-17-17	6:30		
2-18-17	6:30		
2-19-17	6:30		
2-20-17	6:30		
2-21-17	6:30		
2-22-17	6:30		
2-23-17	6:30		
2-24-17	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: Thadens

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x 14FNEnalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
2-1-17	6:30		(b)(6)
2-2-17	7:00		
2-3-17	7:00		
2-4-17	6:30		
2-5-17	6:30		
2-6-17	6:30		
2-7-17	6:30		
2-8-17	6:30		
2-9-17	6:30		
2-10-17	6:30		
2-11-17	6:30		
2-12-17	6:30		
2-13-17	6:30		
2-14-17	6:30		
2-15-17	6:30		
2-16-17	6:30		
2-17-17	6:30		
2-18-17	6:30		
2-19-17	6:30		
2-20-17	6:30		
2-21-17	6:30		
2-22-17	6:30		
2-23-17	6:30		
2-24-17	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
2-1-17	6:30	2:00		(b)(6)
2-2-17	7:00	2:00		
2-3-17	7:00	2:00		
2-4-17	6:30	2:00		
2-5-17	6:30	2:00		
2-6-17	6:30	2:00		
2-7-17	6:30	2:00		
2-8-17	6:30	2:00		
2-9-17	6:30	2:00		
2-10-17	6:30	2:00		
2-11-17	6:30	2:00		
2-12-17	6:30	2:00		
2-13-17	6:30	2:00		
2-14-17	6:30	2:00		
2-15-17	6:30	2:00		
2-16-17	6:30	2:00		
2-17-17	6:30	2:00		
2-18-17	6:30	2:00		
2-19-17	6:30	2:00		
2-20-17	6:30	2:00		
2-21-17	6:30	2:00		
2-22-17	6:30	2:00		
2-23-17	6:30	2:00		
2-24-17	6:30	2:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThademaBldg # (b)(4)

Don # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID XUFN

TREATMENT

Date	Time of Treatment		Comments	(b)(6)
1/1	7:00	2:00		
1-2-17	6:30	2:00		
1-3-17	6:30	2:00		
1-4-17	6:30	2:00		
1-5-17	6:30	2:00		
1-6-17	6:30	2:00		
1-7-17	6:30	2:00		
1-8-17	6:00	2:00		
1-9-17	6:00	2:00		
1-10-17	6:00	2:00		
1-11-17	6:30	2:00		
1-12-17	7:00	2:00		
1-13-17	6:30	2:00		
1-14-17	6:30	2:00		
1-15-17	6:30	2:00		
1-16-17	6:30	2:00		
1-17-17	6:30	2:00		
1-18-17	6:30	2:00		
1-19-17	6:30	2:00		
1-20-17	6:30	2:00		
1/21	7:00	2:00		
1/22	7:00	2:00		
1-23-17	6:30	2:00		
1-24-17	6:30	2:00		

This form and its contents are strictly **CONFIDENTIAL**

9/03,6/05,8/31/12 (over)

Obtained by Rise for Animals.

Uploaded to Animal Research Laboratory Overview (ARLO) on 12/17/2020

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: Thaddeus

Bldg #

(b)(4)

Den #

Veterinarian:

(b)(6)

Time:

Date: 10-29-2012History: See Record

Sample Collected:

Time:

Date:

Diagnosis/Results:

Prescribed Treatment (specify frequency and duration): 8mg Aspirin - low doseSID x UFN

TREATMENT.

Date	Time of Treatment	Comments	Initials
1/1	7:00		(b)(6)
1-2-17	6:30		
1-3-17	6:30		
1-4-17	6:30		
1-5-17	6:30		
1-6-17	6:30		
1-7-17	6:30		
1-8-17	6:30		
1-9-17	6:00		
1-10-17	6:00		
1-11-17	6:30		
1-12-17	7:00		
1-13-17	6:30		
1-14-17	6:30		
1-15-17	6:30		
1-16-17	6:30		
1-17-17	6:30		
1-18-17	6:30		
1-19-17	6:30		
1-20-17	6:30		
1/21	7:00		
1/22	7:00		
1-23-17	6:30		
1-24-17	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: Thaddeus

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x 14EN
Enalapril

TREATMENT

Date	Time of Treatment	Comments	(b)(6)
1/1	7:00		
1-2-17	6:30		
1-3-17	6:30		
1-4-17	6:30		
1-5-17	6:30		
1-6-17	6:30		
1-7-17	6:30		
1-8-17	6:00		
1-9-17	6:00		
1-10-17	6:00		
1-11-17	6:30		
1-12-17	7:00		
1-13-17	6:30		
1-14-17	6:30		
1-15-17	6:30		
1-16-17	6:30		
1-17-17	6:30		
1-18-17	6:30		
1-19-17	6:30		
1-20-17	6:30		
1/21	7:00		
1/22	7:00		
1-23-17	6:30		
1-24-17	6:30		

(over)

INDIVIDUAL WEIGHTS -- DEWORMING -- VACCINATIONS

Animal Number: <u>1260</u>	Name: <u>Haden</u>	Sex: <u>(M)</u> F X
DOB: <u>11-4-1982</u>	Age:	Location: Building <u>(b)(4)</u> Den

YEAR _____

WEIGHTS BY MONTH		
Date (00/00/00)	Weight	Initials (b)(6)
<u>2-3-16</u>	<u>50</u>	
<u>5-11-16</u>	<u>49.5</u>	

VACCINATIONS & OTHER			
Q3YR RABIES: Inrab 3; Route SQ; Dose Amount 1ml			
Q5YR TETANUS TOXOID: Route IM; Dose Amount 0.5ml			
Date (00/00/00)	Manufacturer/Type/ Route/Dose Amount	Serial #	Initials

DEWORMING							
Type = Panacur or Ivomec ; Route = Per Os, IM, SQ ; Panacur Dose=1ml per 10 kg; Ivomec Dose=0.2mg per kg							
Type:				Type:			
First Dose Date	Dose Amount	Route	Initials	Second Dose Date	Dose Amount	Route	Initials
Type:				Type:			
First Dose Date	Dose Amount	Route	Initials	Second Dose Date	Dose Amount	Route	Initials
Type:				Type:			
First Dose Date	Dose Amount	Route	Initials	Second Dose Date	Dose Amount	Route	Initials

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: Thodema

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Long SID x LFN
Enalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
12-1-16	6:30		(b)(6)
12-2-16	6:30		
12-3-16	6:30		
12-4-16	6:30		
12-5-16	6:30		
12-6-16	6:30		
12-7-16	6:30		
12-8-16	6:30		
12-9-16	6:30		
12-10	7:00		
12-11	7:00		
12-12	6:30		
12-13	6:30		
12-14	6:30		
12-15	6:30		
12-16	6:30		
12-17-16	6:30		
12-18-16	6:30		
12-19-16	6:30		
12-20-16	6:30		
12-21-16	6:30		
12-22-16	6:30		
12-23-16	6:30		
12-24-16	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1360Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 8mg Aspirin-low dose
SID x UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
12-1-16	6:30		(b)(6)
12-2-16	6:30		
12-3-16	6:30		
12-4-16	6:30		
12-5-16	6:30		
12-6-16	6:30		
12-7-16	6:30		
12-8-16	6:30		
12-9-16	6:30		
12/10	7:00		
12/11	7:00		
12-12-16	6:30		
12-13-16	6:30		
12-14-16	6:30		
12-15-16	6:30		
12-16-16	6:30		
12-17-16	6:30		
12-18-16	6:30		
12-19-16	6:30		
12-20-16	6:30		
12-21-16	6:30		
12-22-16	6:30		
12-23-16	6:30		
12-24-16	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThaddeusBldg: (b)(4)

Den #: _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID x 12FN

TREATMENT

Date	Time of Treatment		Comments	Initials
12-1-16	6:30	2:00		(b)(6)
12-2-16	6:30	2:00		
12-3-16	6:30	2:00		
12-4-16	6:30	2:00		
12-5-16	6:30	2:00		
12-6-16	6:30	2:00		
12-7-16	6:30	2:00		
12-8-16	6:30	2:00		
12-9-16	6:30	2:00		
12-10-16	7:00	2:00		
12-11-16	7:00	2:00		
12-12-16	6:30	2:00		
12-13-16	6:30	2:00		
12-14-16	6:30	2:00		
12-15-16	6:30	2:00		
12-16-16	6:30	2:00		
12-17-16	6:30	2:00		
12-18-16	6:30	2:00		
12-19-16	6:30	2:00		
12-20-16	6:30	2:00		
12-21-16	6:30	2:00		
12-22-16	6:30	2:00		
12-23-16	6:30	2:00		
12-24-16	6:30	2:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 8mg Aspirin-low dose
SID x UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
11-1-16	6:30		(b)(6)
11-2-16	6:30		
11-3-16	6:30		
11-4-16	6:30		
11-5-16	6:30		
11-6-16	6:30		
11-7-16	6:30		
11-8-16	6:30		
11-9-16	6:30		
11-10-16	6:30		
11-11-16	6:30		
11-12-16	6:30		
11-13-16	6:30		
11-14-16	6:30		
11-15-16	6:30		
11-16-16	6:30		
11-17-16	6:30		
11-18-16	6:30		
11-19-16	7:00		
11-20-16	7:00		
11-21-16	6:30		
11-22-16	6:30		
11-23-16	6:30		
11-24-16	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: Thaddeus

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x 14ENEnalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
11-1-16	6:30		(b)(6)
11-2-16	6:30		
11-3-16	6:30		
11-4-16	6:30		
11-5-16	6:30		
11-6-16	6:30		
11-7-16	6:30		
11-8-16	6:30		
11-9-16	6:30		
11-10-16	6:30		
11-11-16	6:30		
11-12-16	6:30		
11-13-16	6:30		
11-14-16	6:30		
11-15-16	6:30		
11-16-16	6:30		
11-17-16	6:30		
11-18-16	6:30		
11-19-16	7:00		
11-20-16	7:00		
11-21-16	6:30		
11-22-16	6:30		
11-23-16	6:30		
11-24-16	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThodessaBldg: (b)(4)

Den #: _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
11-1-16	6:30	2:00		(b)(6)
11-2-16	6:30	2:00		
11-3-16	6:30	2:00		
11-4-16	6:30	2:00		
11-5-16	6:30	2:00		
11-6-16	6:30	2:00		
11-7-16	6:30	2:00		
11-8-16	6:30	2:00		
11-9-16	6:30	2:00		
11-10-16	6:30	2:00		
11-11-16	6:30	2:00		
11-12-16	6:30	2:00		
11-13-16	6:30	2:00		
11-14-16	6:30	2:00		
11-15-16	6:30	2:00		
11-16-16	6:30	2:00		
11-17-16	6:30	2:00		
11-18-16	6:30	2:00		
11-19-16	7:00	2:00		
11-20-16	7:00	2:00		
11-21-16	6:30	2:00		
11-22-16	6:30	2:00		
11-23-16	6:30	2:00		
11-24-16	6:30	2:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: M F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 8mg Aspirin-low dose
SID x UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
10-1	6:30		(b)(6)
10-2	6:30		
10-3	6:30		
10-4	6:30		
10-5	6:30		
10-6	6:30		
10-7	6:30		
10-8	7:00		
10-9	6:30		
10-10	7:00		
10-11	6:30		
10-12	6:30		
10-13	6:30		
10-14	6:30		
10-15	6:30		
10-16	6:30		
10-17	6:30		
10-18	6:30		
10-19	6:30		
10-20	6:30		
10-21	6:30		
10-22	6:30		
10-23	6:30		
10-24	6:30		

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9/03,6/05,8/31/12

Obtained by Rise for Animals.

Uploaded to Animal Research Laboratory Overview (ARLO) on 12/17/2020

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: Thadens

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x 4FNEnalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
10-1	6:30		(b)(6)
10-2	6:30		
10-3	6:30		
10-4	6:30		
10-5	6:30		
10-6	6:30		
10-7	6:30		
10-8	7:00		
10-9	6:30		
10-10	7:00		
10-11	6:30		
10-12	6:30		
10-13	6:30		
10-14	6:30		
10-15	6:30		
10-16	6:30		
10-17	6:30		
10-18	6:30		
10-19	6:30		
10-20	6:30		
10-21	6:30		
10-22	6:30		
10-23	6:30		
10-24	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThadeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
10-1	6:30	2:00		(b)(6)
10-2	6:30	2:00		
10-3	6:30	2:00		
10-4	6:30	2:00		
10-5	6:30	2:00		
10-6	6:30	2:00		
10-7	6:30	2:00		
10-8	7:00	2:00		
10-9	6:30	2:00		
10-10	7:00	2:00		
10-11	6:30	2:00		
10-12	6:30	2:00		
10-13	6:30	2:00		
10-14	6:30	2:00		
10-15	6:30	2:00		
10-16	6:30	2:00		
10-17	6:30	2:00		
10-18	6:30	2:00		
10-19	6:30	2:00		
10-20	6:30	2:00		
10-21	6:30	2:00		
10-22	6:30	2:00		
10-23	6:30	2:00		
10-24	6:30	2:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: Thaddeus

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SIN x 4EN
Enalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
9-1-16	10:30		(b)(6)
9-2-16	10:30		
9-3-16	10:30		
9-4-16	10:30		
9-5-16	10:30		
9-6-16	10:30		
9-7-16	10:30		
9-8-16	10:30		
9-9-16	10:30		
9-10-16	10:30		
9-11-16	10:30		
9-12	6:30		
9-13	10:30		
9-14	6:30		
9-15	10:30		
9-16	10:30		
9-17	10:30		
9-18	10:30		
9-19	10:30		
9-20	10:30		
9-21	10:30		
9-22	10:30		
9-23	10:30		
9-24	10:30		

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9/03, 6/05, 8/31/12 (over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThadousBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 81mg Aspirin-low dose
SID x UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
9-1-16	6:30		(b)(6)
9-2-16	6:30		
9-3-16	6:30		
9-4-16	6:30		
9-5-16	9:00		
9-6-16	6:30		
9-7-16	6:30		
9-8-16	6:30		
9-9-16	6:30		
9-10-16	6:30		
9-11-16	6:30		
9-12	6:30		
9-13	6:30		
9-14	6:30		
9-15	6:30		
9-16	6:30		
9-17	6:30		
9-18	6:30		
9-19	10:30		
9-20	6:30		
9-21	10:30		
9-22	10:50		
9-23	6:30		
9-24	6:00		

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Obtained by Rise for Animals.

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CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThaddeusBldg # ^{(b)(4)} Den # Veterinarian: ^{(b)(6)} Time: Date: 10-29-2012History: See RecordSample Collected: Time: Date: Diagnosis/Results: Prescribed Treatment (specify frequency and duration): Protein Supplement
BID x 14FN

TREATMENT

Date	Time of Treatment		Comments	Initials
8-1-16	7:00	2:00		^{(b)(6)}
8-2-16	6:30	2:00		
8-3-16	6:30	2:00		
8-4-16	6:30	2:00		
8-5-16	6:30	2:00		
8-6-16	6:30	2:00		
8-7-16	6:30	2:00		
8-8-16	6:30	2:00		
8-9-16	6:30	2:00		
8-10-16	6:30	2:00		
8-11-16	6:30	2:00		
8-12-16	6:30	2:00		
8-13-16	6:30	2:00		
8-14-16	6:30	2:00		
8-15-16	6:30	2:00		
8-16-16	6:30	2:00		
8-17-16	6:30	2:00		
8-18-16	6:30	2:00		
8-19-16	6:30	2:00		
8-20-16	6:30	2:00		
8-21-16	6:30	2:00		
8-22-16	6:30	2:00		
8-23-16	6:30	2:00		
8-24-16	6:30	2:00		

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9/03,6/05,8/31/12

Obtained by Rise for Animals.

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CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: Thadew

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x 14E.NEnalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
8-1-16	7:00		(b)(6)
8-2-16	6:30		
8-3-16	6:30		
8-4-16	6:30		
8-5-16	6:30		
8-6-16	6:30		
8-7-16	6:30		
8-8-16	6:30		
8-9-16	6:30		
8-10-16	6:30		
8-11-16	6:30		
8-12-16	6:30		
8-13-16	6:30		
8-14-16	6:30		
8-15-16	6:30		
8-16-16	6:30		
8-17-16	6:30		
8-18-16	6:30		
8-19-16	6:30		
8-20-16	6:30		
8-21-16	6:30		
8-22-16	6:30		
8-23-16	6:30		
8-24-16	6:30		

(over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1360Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 81mg Aspirin-low dose
SID x UEN

TREATMENT

Date	Time of Treatment	Comments	Initials
8-1-16	7:00		(b)(6)
8-2-16	6:30		
8-3-16	6:30		
8-4-16	6:30		
8-5-16	6:30		
8-6-16	6:30		
8-7-16	6:30		
8-8-16	6:30		
8-9-16	6:30		
8-10-16	6:30		
8-11-16	6:30		
8-12-16	6:30		
8-13-16	6:30		
8-14-16	6:30		
8-15-16	6:30		
8-16-16	6:30		
8-17-16	6:30		
8-18-16	6:30		
8-19-16	6:30		
8-20-16	6:30		
8-21-16	6:30		
8-22-16	6:30		
8-23-16	6:30		
8-24-16	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThadeusBldg # (b)(4)

Den # _____

Veterinarian (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID X 14FN

TREATMENT

Date	Time of Treatment		Comments	Initials
7-1-16	6:00	2:00		(b)(6)
7-2-16	6:00	2:00		
7-3-16	6:00	2:00		
7-4-16	6:00	2:00		
7-5-16	6:00	2:00		
7-6-16	6:30	2:00		
7-7-16	6:30	2:00		
7-8-16	6:30	2:00		
7-9-16	6:30	2:00		
7-10-16	6:30	2:00		
7-11-16	6:30	2:00		
7-12-16	6:30	2:00		
7-13-16	6:30	2:00		
7-14-16	7:00	2:00		
7-15-16	6:30	2:00		
7-16-16	6:30	2:00		
7-17-16	6:30	2:00		
7-18-16	6:30	2:00		
7-19-16	6:30	2:00		
7-20-16	6:30	2:00		
7-21-16	6:30	2:00		
7-22-16	6:30	2:00		
7-23-16	6:30	2:00		
7-24-16	6:00	2:00		

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9/03,6/05,8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 8mg Aspirin-low dose
SID x UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
7-1-16	6:00		(b)(6)
7-2-16	6:00		
7-3-16	6:00		
7-4-16	6:00		
7-5-16	6:00		
7-6-16	6:30		
7-7-16	6:30		
7-8-16	6:30		
7-9-16	6:30		
7-10-16	6:30		
7-11-16	6:30		
7-12-16	6:30		
7-13-16	6:30		
7-14-16	7cc		
7-15-16	6:30		
7-16-16	6:30		
7-17-16	6:30		
7-18-16	6:30		
7-19-16	6:30		
7-20-16	6:30		
7-21-16	6:30		
7-22-16	6:30		
7-23-16	6:30		
7-24-16	6:00		

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CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: Thadema

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x 14FNEnalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
7-1-16	6:00		(b)(6)
7-2-16	6:00		
7-3-16	6:00		
7-4-16	6:00		
7-5-16	6:00		
7-6-16	6:30		
7-7-16	6:30		
7-8-16	6:30		
7-9-16	6:30		
7-10-16	6:30		
7-11-16	6:30		
7-12-16	6:30		
7-13-16	6:30		
7-14-16	7:00		
7-15-16	6:30		
7-16-16	6:30		
7-17-16	6:30		
7-18-16	6:30		
7-19-16	6:30		
7-20-16	6:30		
7-21-16	6:30		
7-22-16	6:30		
7-23-16	6:30		
7-24-16	6:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThaddeusBldg # Den # Veterinarian: Time: Date: 10-29-2012History: See RecordSample Collected: Time: Date: Diagnosis/Results: Prescribed Treatment (specify frequency and duration): Protein Supplement
BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
6-1-16	700	200		(b)(6)
6-2-16	6:30	2:00		
6-3-16	6:30	2:00		
6-4-16	700	200		
6-5-16	700	200		
6-6-16	6:30	2:00		
6-7-16	6:30	2:00		
6-8-16	6:30	2:00		
6-9-16	6:30	2:00		
6-10-16	6:00	2:00		
6-11-16	6:00	2:00		
6-12-16	6:00	2:00		
6-13-16	6:30	2:00		
6-14-16	700	200		
6-15-16	700	200		
6-16-16	700	200		
6-17-16	700	200		
6-18-16	6:30	2:00		
6-19-16	6:30	2:00		
6-20-16	6:30	2:00		
6-21-16	6:30	2:00		
6-22-16	6:30	2:00		
6-23-16	6:30	2:00		
6-24-16	6:30	2:00		

(over)

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9/03,6/05,8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThadensBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-27-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 8mg Aspirin-low dose
SID x 4FN

TREATMENT

Date	Time of Treatment	Comments	Initials
6-1-16	200		(b)(6)
6-2-16	6:30		
6-3-16	6:30		
6-4-16	200		
6-5-16	200		
6-6-16	6:30		
6-7-16	6:30		
6-8-16	6:30		
6-9-16	6:30		
6-10-16	6:00		
6-11-16	6:00		
6-12-16	6:00		
6-13-16	6:30		
6-14-16	200		
6-15-16	200		
6-16-16	200		
6-17-16	200		
6-18-16	6:30		
6-19-16	6:30		
6-20-16	6:30		
6-21-16	6:30		
6-22-16	6:30		
6-23-16	6:30		
6-24-16	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M F (circle one)Animal Name: Thadens

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x 14FNEnalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
6-1-16	700		(b)(6)
6-2-16	6:30		
6-3-16	6:30		
6-4-16	700		
6-5-16	700		
6-6-16	6:30		
6-7-16	6:30		
6-8-16	6:30		
6-9-16	6:30		
6-10-16	6:00		
6-11-16	6:00		
6-12-16	6:00		
6-13-16	6:30		
6-14-16	700		
6-15-16	700		
6-16-16	700		
6-17-16	700		
6-18-16	6:30		
6-19-16	6:30		
6-20-16	6:30		
6-21-16	6:30		
6-22-16	6:30		
6-23-16	6:30		
6-24-16	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: Thaddeus

Bldg #

(b)(4)

Den #

Veterinarian: (b)(6)

Time:

Date: 10-29-2012History: See Record

Sample Collected:

Time:

Date:

Diagnosis/Results:

Prescribed Treatment (specify frequency and duration): 81mg Aspirin-low dose
SID x UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
5-1-16	6:00		(b)(6)
5-2-16	6:30		
5-3-16	700		
5-4-16	700		
5-5-16	700		
5-6-16	700		
5-7-16	6:30		
5-8-16	6:30		
5-9-16	6:30		
5-10-16	6:30		
5-11-16	6:30		
5-12-16	6:30		
5-13-16	6:30		
5-14-16	700		
5-15-16	700		
5-16-16	6:30		
5-17-16	6:30		
5-18-16	6:30		
5-19-16	6:30		
5-20-16	6:30		
5-21-16	10:00		
5-22-16	6:00		
5-23-16	6:30		
5-24-16	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: Thadema

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x 14FN
Enalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
5-1-16	6:00		(b)(6)
5-2-16	6:30		
5-3-16	700		
5-4-16	700		
5-5-16	700		
5-6-16	700		
5-7-16	6:30		
5-8-16	6:30		
5-9-16	6:30		
5-10-16	6:30		
5-11-16	6:30		
5-12-16	6:30		
5-13-16	6:30		
5-14-16	700		
5-15-16	700		
5-16-16	6:30		
5-17-16	6:30		
5-18-16	6:30		
5-19-16	6:30		
5-20-16	6:30		
5-21-16	6:00		
5-22-16	6:00		
5-23-16	6:30		
5-24-16	6:30		

This form and its contents are strictly **CONFIDENTIAL**9/03, 8/05, 8/31/12^(over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID x 14FN

TREATMENT

Date	Time of Treatment	Comments	Initials
5-1-16	6:00	2:00	(b)(6)
5-2-16	6:30	2:00	
5-3-16	7:00	2:00	
5-4-16	7:00	2:00	
5-5-16	7:00	2:00	
5-6-16	7:00	2:00	
5-7-16	6:30	2:00	
5-8-16	6:30	2:00	
5-9-16	6:30	2:00	
5-10-16	6:30	2:00	
5-11-16	6:30	2:00	
5-12-16	6:30	2:00	
5-13-16	6:30	2:00	
5-14-16	7:00	2:00	
5-15-16	7:00	2:00	
5-16-16	6:30	2:00	
5-17-16	6:30	2:00	
5-18-16	6:30	2:00	
5-19-16	6:30	2:00	
5-20-16	6:30	2:00	
5-21-16	6:30	2:00	
5-22-16	6:00	2:00	
5-23-16	6:30	2:00	
5-24-16	6:30	2:00	

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(over)
9/03,6/05,8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
4-1-16	6:30	2:00		(b)(6)
4-2-16	6:00	2:00		
4-3-16	6:00	2:00		
4-4-16	6:00	2:00		
4-5-16	6:30	2:00		
4-6-16	6:30	2:00		
4-7-16	6:30	2:00		
4-8-16	6:30	2:00		
4-9-16	6:00	2:00		
4-10-16	6:00	2:00		
4-11-16	7:00	2:00		
4-12-16	6:30	2:00		
4-13-16	6:30	2:00		
4-14-16	7:00	2:00		
4-15-16	7:00	2:00		
4-16-16	6:30	2:00		
4-17-16	6:30	2:00		
4-18-16	6:30	2:00		
4-19-16	6:30	2:00		
4-20-16	7:00	2:00		
4-21-16	6:30	2:00		
4-22-16	6:30	2:00		
4-23-16	7:00	2:00		
4-24-16	7:00	2:00		

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Obtained by Rise for Animals.

Uploaded to Animal Research Laboratory Overview (ARLO) on 12/17/2020

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: Thadeus

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg Enalapril SID x 4 FT

TREATMENT

Date	Time of Treatment	Comments	Initials
4-1-16	6:30		(b)(6)
4-2-16	6:00		
4-3-16	6:00		
4-4-16	6:00		
4-5-16	6:30		
4-6-16	6:30		
4-7-16	6:30		
4-8-16	6:30		
4-9-16	6:00		
4-10-16	6:00		
4-11-16	7:00		
4-12-16	6:30		
4-13-16	6:30		
4-14-16	7:00		
4-15-16	7:00		
4-16-16	6:30		
4-17-16	6:30		
4-18-16	6:30		
4-19-16	6:30		
4-20-16	7:00		
4-21-16	6:30		
4-22-16	6:30		
4-23-16	7:00		
4-24-16	7:00		

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Obtained by Rise for Animals.

Uploaded to Animal Research Laboratory Overview (ARLO) on 12/17/2020

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThadensBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-27-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 8mg Aspirin-low dose
SID x UEN

TREATMENT

Date	Time of Treatment	Comments	Initials
4-1-16	10:30		(b)(6)
4-2-16	10:10		
4-3-16	10:00		
4-4-16	10:00		
4-5-16	10:30		
4-6-16	10:30		
4-7-16	10:30		
4-8-16	10:30		
4-9-16	10:00		
4-10-16	10:00		
4-11-16	700		
4-12-16	10:30		
4-13-16	10:30		
4-14-16	700		
4-15-16	700		
4-16-16	10:30		
4-17-16	10:30		
4-18-16	10:30		
4-19-16	10:30		
4-20-16	700		
4-21-16	10:30		
4-22-16	10:30		
4-23-16	700		
4-24-16	700		

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CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThademaBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID x 14FN

TREATMENT

Date	Time of Treatment		Comments	Initials
3-1-16	6:30	2:00		(b)(6)
3-2-16	700	200		
3-3-16	700	200		
3-4-16	700	200		
3-5-16	6:30	2:00		
3-6-16	6:30	2:00		
3-7-16	700	200		
3-8-16	700	200		
3-9-16	700	200		
3-10-16	6:30	2:00		
3-11-16	700	200		
3-12-16	700	200		
3-13-16	700	200		
3-14-16	6:30	200		
3-15-16	700	200		
3-16-16	6:30	2:00		
3-17-16	6:30	2:00		
3-18-16	6:00	2:00		
3-19-16	6:00	2:00		
3-20-16	6:00	2:00		
3-21-16	6:30	2:00		
3-22-16	700	200		
3-23-16	6:30	2:00		
3-24-16	6:30	2:00		

This form and its contents are strictly **CONFIDENTIAL**

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CHIMPANZEE TREATMENT SHEET

Animal ID: 12160Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 8mg Aspirin-low dose
SID x UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
3-1-16	6:30		(b)(6)
3-2-16	700		
3-3-16	700		
3-4-16	700		
3-5-16	6:30		
3-6-16	6:30		
3-7-16	700		
3-8-16	700		
3-9-16	700		
3-10-16	6:30		
3-11-16	700		
3-12-16	700		
3-13-16	700		
3-14-16	700		
3-15-16	700		
3-16-16	6:30		
3-17-16	6:30		
3-18-16	6:30		
3-19-16	6:00		
3-20-16	6:00		
3-21-16	6:30		
3-22-16	700		
3-23-16	6:30		
3-24-16	6:30		

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9/03, 6/05, 8/31/12 (over)

Decoding error

Obtained by Rise for Animals.

Uploaded to Animal Research Laboratory Overview (ARLO) on 12/17/2020

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: Thadema

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x 14ENEnalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
3-1-16	6:30		(b)(6)
3-2-16	700		
3-3-16	700		
3-4-16	700		
3-5-16	6:30		
3-6-16	6:30		
3-7-16	700		
3-8-16	700		
3-9-16	700		
3-10-16	6:30		
3-11-16	700		
3-12-16	700		
3-13-16	700		
3-14-16	700		
3-15-16	700		
3-16-16	6:30		
3-17-16	6:30		
3-18-16	6:30		
3-19-16	6:30		
3-20-16	6:00		
3-21-16	6:30		
3-22-16	700		
3-23-16	6:30		
3-24-16	6:30		

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(over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID x 4FN

TREATMENT

Date	Time of Treatment		Comments	Initials
2-1-16	700	200		(b)(6)
2-2-16	6:30	2:00		
2-3-16	6:30	2:00		
2-4-16	6:30	2:00		
2-5-16	6:30	2:00		
2-6-16	6:30	2:00		
2-7-16	6:30	2:00		
2-8-16	6:30	2:00		
2-9-16	6:30	2:00		
2-10-16	6:30	2:00		
2-11-16	6:30	2:00		
2-12-16	6:30	2:00		
2-13-16	6:30	2:00		
2-14-16	6:30	2:00		
2-15-16	6:30	2:00		
2-16-16	700	200		
2-17-16	6:30	2:00		
2-18-16	6:30	2:00		
2-19-16	700	200		
2-20-16	700	200		
2-21-16	700	200		
2-22-16	6:30	2:00		
2-23-16	6:30	2:00		
2-24-16	6:30	2:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: Thadens

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x 14FNEnalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
2-1-16	700		(b)(6)
2-2-16	6:30		
2-2-16	6:30		
2-4-16	6:30		
2-5-16	6:30		
2-6-16	6:30		
2-7-16	6:30		
2-8-16	6:30		
2-9-16	6:30		
2-10-16	6:30		
2-11-16	6:30		
2-12-16	6:30		
2-13-16	6:30		
2-14-16	6:30		
2-15-16	6:30		
2-16-16	700		
2-17-16	6:30		
2-18-16	700		
2-19-16	700		
2-20-16	700		
2-21-16	700		
2-22-16	6:30		
2-23-16	6:30		
2-24-16	6:30		

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CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: TradensBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 81mg Aspirin-low dose
SID x uFN

TREATMENT

Date	Time of Treatment	Comments	Initials
2-1-16	700		(b)(6)
2-2-16	6:30		
2-3-16	6:30		
2-4-16	6:30		
2-5-16	6:30		
2-6-16	6:30		
2-7-16	6:30		
2-8-16	6:30		
2-9-16	6:30		
2-10-16	6:30		
2-11-16	6:30		
2-12-16	6:30		
2-13-16	6:30		
2-14-16	6:30		
2-15-16	6:30		
2-16-16	700		
2-17-16	6:30		
2-18-16	700		
2-19-16	700		
2-20-16	700		
2-21-16	700		
2-22-16	6:30		
2-23-16	6:30		
2-24-16	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1560Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThaduesBldg # Den # 10Veterinarian: Time: Date: 1-28-2003History: Sample Collected: Time: Date: Diagnosis/Results: Prescribed Treatment (specify frequency and duration): 15mg SID x UFN
Enalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
1-1-16	6:30		(b)(6)
1-2-16	6:30		
1-3-16	6:30		
1-4-16	6:30		
1-5-16	6:30		
1-6-16	6:30		
1-7-16	6:30		
1-8-16	6:30		
1-9-16	700		
1-10-16	700		
1-11-16	6:30		
1-12-16	6:30		
1-13-16	6:30		
1-14-16	6:30		
1-15-16	6:30		
1-16-16	6:00		
1-17-16	6:00		
1-18-16	6:00		
1-19-16	6:30		
1-20-16	6:30		
1-21-16	700		
1-22-16	700		
1-23-16	6:30		
1-24-16	6:30		

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CHIMPANZEE TREATMENT SHEET

Animal ID: 1260 Animal Sex: ☒ M ☐ F (circle one)
 Animal Name: Thadens Bidg # (b)(4) Den # 10
 Veterinarian: (b)(6) Time: _____ Date: 10-29-2012
 History: See Record
 Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 81mg Aspirin-low dose
SID x WFN

TREATMENT

Date	Time of Treatment	Comments	Initials
1-1-16	6:30		(b)(6)
1-2-16	6:30		
1-3-16	6:30		
1-4-16	6:30		
1-5-16	6:30		
1-6-16	6:30		
1-7-16	6:30		
1-8-16	6:30		
1-9-16	700		
1-10-16	700		
1-11-16	6:30		
1-12-16	6:30		
1-13-16	6:30		
1-14-16	6:50		
1-15-16	6:30		
1-16-16	6:00		
1-17-16	6:00		
1-18-16	6:00		
1-19-16	6:30		
1-20-16	6:30		
1-21-16	700		
1-22-16	700		
1-23-16	6:30		
1-24-16	6:30		

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CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: M F (circle one)Animal Name: ThaddeusBldg # (b)(4) Den # 10Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID x 4 Wk

TREATMENT

Date	Time of Treatment		Comments	Initials
1-1-16	6:30	2:00		(b)(6)
1-2-16	6:30	2:00		
1-3-16	6:30	2:00		
1-4-16	6:30	2:00		
1-5-16	6:30	2:00		
1-6-16	6:30	2:00		
1-7-16	6:30	2:00		
1-8-16	6:30	2:00		
1-9-16	7:00	2:00		
1-10-16	7:00	2:00		
1-11-16	7:00	2:00		
1-12-16	6:30	2:00		
1-13-16	6:30	2:00		
1-14-16	6:30	2:00		
1-15-16	6:30	2:00		
1-16-16	6:00	2:00		
1-17-16	6:00	2:00		
1-18-16	6:00	2:00		
1-19-16	6:30	2:00		
1-20-16	6:30	2:00		
1-21-16	7:00	2:00		
1-22-16	7:00	2:00		
1-23-16	6:30	2:00		
1-24-16	6:30	2:00		

This form and its contents are strictly CONFIDENTIAL

9/03, 8/05, 8/31/12

INDIVIDUAL WEIGHTS -- DEWORMING -- VACCINATIONS

Animal Number: 1260	Name: Thadeus	Sex: M F X
DOB: 11-4-1982	Age:	Location: Building (b)(4) Den 10

YEAR 2015

WEIGHTS BY MONTH		
Date (00/00/00)	Weight	Initials
1-22-15	48.5	(b)(6)
3-11-15	51.0	
6-4-15	51.5	
8-5-15	50.0	
12-9-15	49.5	

VACCINATIONS & OTHER			
Q3YR RABIES: Imrab 3; Route SQ; Dose Amount 1ml			
Q5YR TETANUS TOXOID: Route IM; Dose Amount 0.5ml			
Date (00/00/00)	Manufacturer/Type/Route/Dose Amount	Serial #	Initials

DEWORMING							
Type = Panacur or Ivomec ; Route = Per Os, IM, SQ ; Panacur Dose=1ml per 10 kg; Ivomec Dose=0.2mg per kg							
Type: Ivomec	Type: Ivomec						
First Dose Date	Dose Amount	Route	Initials	Second Dose Date	Dose Amount	Route	Initials
3-11-15	0.9	SQ	(b)(6)	12-9-15	1.0	SQ	(b)(6)
Type: Panacur	Type: Panacur						
First Dose Date	Dose Amount	Route	Initials	Second Dose Date	Dose Amount	Route	Initials
7-19-15	1.0	PO	(b)(6)	8-2-15	1.0	PO	(b)(6)
Type:	Type:						
First Dose Date	Dose Amount	Route	Initials	Second Dose Date	Dose Amount	Route	Initials

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M F (circle one)Animal Name: ThadensBldg # ^{(b)(4)} Den # Veterinarian: (b)(6)Time: Date: 10-29-2012History: See RecordSample Collected: Time: Date: Diagnosis/Results: Prescribed Treatment (specify frequency and duration): Protein Supplement
BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
12-1-15	6:30	2:00		(b)(6)
12-2-15	6:30	2:00		
12-3-15	6:30	2:00		
12-4-15	6:30	2:00		
12-5-15	6:00	2:00		
12-6-15	6:00	2:00		
12-7-15	6:30	2:00		
12-8-15	6:30	2:00		
12-9-15	6:30	2:00		
12-10-15	6:30	2:00		
12-11-15	6:30	2:00		
12-12-15	6:30	2:00		
12-13-15	6:30	2:00		
12-14-15	6:30	2:00		
12-15-15	6:30	2:00		
12-16-15	6:30	2:00		
12-17-15	6:30	2:00		
12-18-15	6:30	2:00		
12-19-15	7:00	2:00		
12-20-15	7:00	2:00		
12-21-15	7:00	2:00		
12-22-15	7:00	2:00		
12-23-15	6:30	2:00		
12-24-15	6:30	2:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: Thadema

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x 14ENEnalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
12-1-15	7:00	<u>Attended</u>	(b)(6)
12-2-15	7:00		
12-3-15	7:00		
12-4-15	7:00		
12-5-15	10:00		
12-6-15	6:00		
12-7-15	6:30		
12-8-15	6:30	<u>Refused*</u>	
12-9-15	6:30	<u>Refused</u>	
12-10-15	6:30		
12-11-15	6:30		
12-12-15	6:30		
12-13-15	6:30		
12-14-15	6:30		
12-15-15	6:30		
12-16-15	6:30		
12-17-15	6:30		
12-18-15	6:30		
12-19-15	7:00		
12-20-15	7:00		
12-21-15	7:00		
12-22-15	7:00		
12-23-15	6:30		
12-24-15	6:30		

This form and its contents are strictly CONFIDENTIAL. Pending error

* Recording Error 12-9-15

(b)(6)

12-1-15

(over)

9/03, 6/05, 8/31/12

Obtained by Rise for Animals.

Uploaded to Animal Research Laboratory Overview (ARLO) on 12/17/2020

CHIMPANZEE TREATMENT SHEET

Animal ID: 13160Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 81mg Aspirin-low dose
SID x UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
12-1-15	7:10	<u>2.00</u>	(b)(6)
12-2-15	7:00		
12-3-15	7:00		
12-4-15	7:00		
12-5-15	6:00		
12-6-15	6:00		
12-7-15	6:30		
12-8-15	6:30		
12-9-15	6:30	<u>Refused</u>	
12-10-15	6:30		
12-11-15	6:30		
12-12-15	6:30		
12-13-15	6:30		
12-14-15	6:30		
12-15-15	6:30		
12-16-15	6:30		
12-17-15	6:30		
12-18-15	6:30		
12-19-15	7:00		
12-20-15	7:00		
12-21-15	7:00		
12-22-15	7:00		
12-23-15	6:50		
12-24-15	6:30		

PHYSICAL EXAMINATION

Date 12/9/15	Infectious Status HCV-conv	Age - Years 33	Last Wt. (kg) 50.0	BCS 3
ID Number 1260	Name Thaddeus	DOB 1-14-1982	Sex (M) F X	Wt (kg) 49.5

Anesthetic/Sedation -- see Physical Exam Sedation Record and/or Anesthesia Monitoring Record

Temp. (F) 100.6	Heart Rate (Beats/Min) 107-109	Resp (resp/min) 55	SpO ₂ 89-100	Blood Pressure 129/72, 116/53, 137/66
--------------------	-----------------------------------	-----------------------	----------------------------	--

Parameters Examined

Only one observation is checked for each system; all others are "NA" - not applicable

System	Abnormal	Normal	Not observed	System	Abnormal	Normal	Not Observed
1. Integument		/		7. Neurologic			
2. Respiratory		/		8. Musculoskeletal			
3. Cardiovascular	/			9. Lymphatic			
4. Gastrointestinal		/		10. Endocrine			
5. Urogenital	/			11. Special Senses			
6. Cycle Stage/ Reproductive				12. CBC/CHEM			

Comments by number: ③ 1/5 Systolic, ECG-enlarged P wave; Echocardiogram - LVM, TR/MP regurg.

CBC: WNL

CHEM: ALB 2.6, ALP 184, Total Bil 0.6, Gluc 64, Glob 5.6

Master Problem List: Glomerulonephritis w/ Nephrotic Syndrome, Hepatic Amyloidosis, Cardiac dz

HCV-C

Differential Diagnosis:

SUBMITTING (Only those items checked were submitted; others are "NA" - not applicable)

BLOOD TUBES

☒ SMA	☒ TB test (R) L eye	☐ Radiographs
☒ CBC	☐ Fecal O&P	☐ ECG
☐ Coagulation	☐ Fecal Culture	☒ U/S
☐ Urinalysis	☐ Occult Blood (Feces)	Other (List):
☐ Blood Culture	☒ Perianal Tape Test	

1	10ml SST
1	3ml Lithium Heparin
1	3ml EDTA

TREATMENT: O₂ ☒ Isoniazid 1.0 ml SQ

Cont: Evolipul 15.5 mg, Aspirin 81 mg, Prot Supp BID

HEALTH ASSESSMENT: Good Fair PoorRISK: Normal At Risk High Risk

Signature: (b)(6)	Date: 12/9/15
-------------------	---------------

PHYSICAL EXAM SEDATION RECORD

Animal number/name: 1260 Thaddeus Weight (kg): 50.0 Date: 12-9-15

Sedation Method: dart / injection

Veterinarian: (b)(6)

0
↓
Injection

↓
Induction (down)

↓
Recovery (able to sit up)

Time: 10:40 am / pm

Time: 10:47 am / pm

Time: 10:59 am / pm

Initial Dosage (ml) Telazol: 1.2 On recording error (b)(6) 12-9-15
1.5 (The standard dose is 3 mg/kg, IM)

Supplements (ml) Telazol/Ketamine: _____ am / pm _____ IM / IV

Supplements (ml) Telazol/Ketamine: _____ am / pm _____ IM / IV

Supplements (ml) Telazol/Ketamine: _____ am / pm _____ IM / IV

Current Weight (kg): 49.5

Re-tattoo

Y

(N)

COMMENTS:

TUBERCULOSIS TEST READING SCHEDULE

Location: (b)(4) Den 8, 10, 11 Date Administered: 12-17-15

Veterinarian: (b)(6)

Site of Injection: R Eye ☒ L Eye ☐ Lot #: 441Y Exp Date: 3-11-16

Animal Number/Name	Sex	Weight (kgs)	Age	GRADE*			Reader's Initials
				24 hrs	48 hrs	72 hrs	
1210 Thodan	M	49.5		0	0	0	(b)(6)
1433 Angelo	M	44.0		0	0	0	
902 Bent	M	63.5		0	0	0	
1173 Timmie	M	55.5		0	0	0	
1374 Golda	M	55.5		0	0	0	
140112 Nazmi	M	70.0		0	0	0	

*Grade	Reaction	Result
0	No visible change	Negative
1 (+)	Bruising	Negative
2 (+)	Various degrees of erythema w/o swelling	Negative
3 (+)	Various degrees of erythema with minimal swelling or slight swelling without erythema	Suspect
4 (+)	Obvious swelling of the palpebrum with drooping of the eyelid and various degrees of erythema (May appear pustular/exudates)	Positive
5 (+)	Eye closed, swelling and/or necrosis	Positive

DENTITION RECORD

DATE: 12/9/15

ANIMAL NAME: Thaddeus ANIMAL NO. 1260

	Right						Left									
	M3	M2	M1	PM2	PM1	C	I2	I1	I1	I2	C	PM1	PM2	M1	M2	M3
Upper							X	X								
Lower																

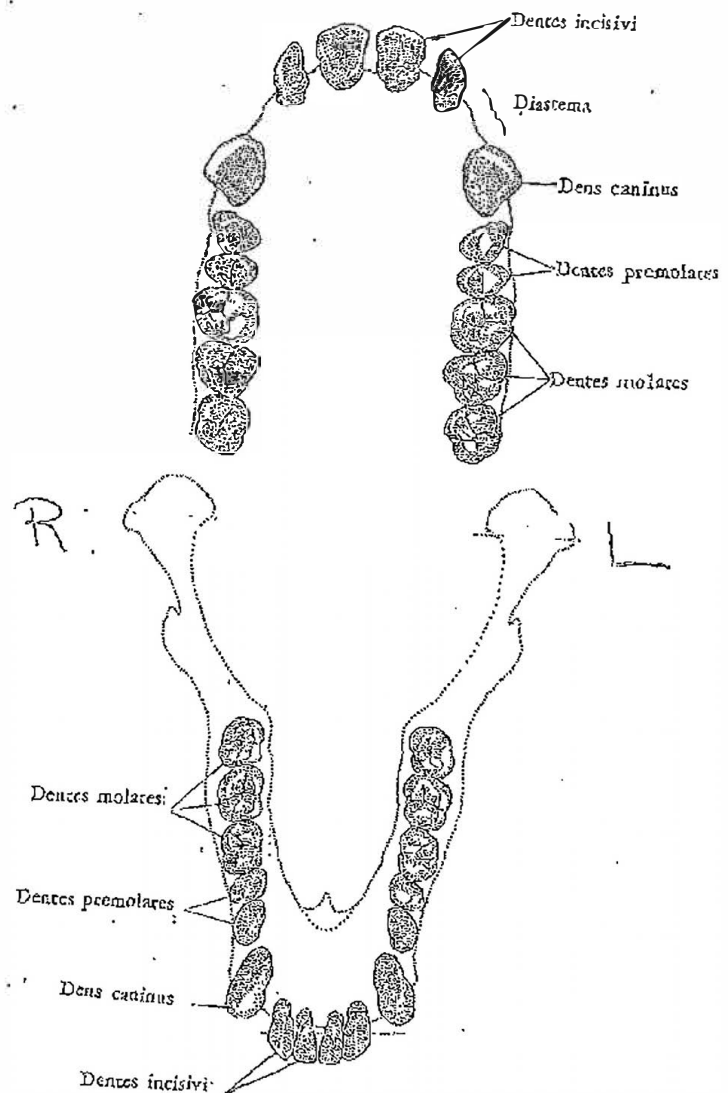
Blank space = tooth present

X = tooth missing

B = Tooth broken

D = Present but diseased

Comments:



CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThademaBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
11-1-15	700	2:00		(b)(6)
11-2-15	700	2:00		
11-3-15	700	2:00		
11-4-15	7:00	2:00		
11-5-15	700	2:00		
11-6-15	700	2:00		
11-7-15	700	200		
11-8-15	700	200		
11-9-15	700	200		
11-10-15	6:30	2:00		
11-11-15	6:30	2:00		
11-12-15	6:30	2:00		
11-13-15	6:30	2:00		
11-14-15	6:30	2:00		
11-15-15	6:30	2:00		
11-16-15	6:30	2:00		
11-17-15	6:30	2:00		
11-18-15	6:30	2:00		
11-19-15	6:30	2:00		
11-20-15	6:30	2:00		
11-21-15	700	200		
11-22-15	700	200		
11-23-15				
11-24-15	700	2:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1360Animal Sex: (M) F (circle one)Animal Name: Thaddeus

Bldg #

(b)(4)

Den #

Veterinarian:

(b)(6)

Time:

Date: 10-29-2012History: See Record

Sample Collected:

Time:

Date:

Diagnosis/Results:

Prescribed Treatment (specify frequency and duration): 81mg Aspirin-low doseSID x UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
11-1-15	700		(b)(6)
11-2-15	700		
11-3-15	700		
11-4-15	6:30		
11-5-15	700		
11-6-15	700		
11-7-15	700		
11-8-15	700		
11-9-15	700		
11-10-15	6:30		
11-11-15	6:10		
11-12-15	6:30		
11-13-15	6:30		
11-14-15	6:10		
11-15-15	6:00		
11-16-15	6:30		
11-17-15	6:30		
11-18-15	6:30		
11-19-15	6:30		
11-20-15	6:30		
11-21-15	700		
11-22-15	700		
11-23-15	6:30		
11-24-15	700		

This form and its contents are strictly **CONFIDENTIAL**

9/03, 6/05, 8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: Thadens

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x UFN
Enalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
11-1-15	700		(b)(6)
11-2-15	700		
11-3-15	700		
11-4-15	6:30		
11-5-15	700		
11-6-15	700		
11-7-15	700		
11-8-15	700		
11-9-15	200		
11-10-15	6:30		
11-11-15	6:00		
11-12-15	6:30		
11-13-15	6:30		
11-14-15	6:00		
11-15-15	6:00		
11-16-15	6:30		
11-17-15	6:30		
11-18-15	6:30		
11-19-15	6:30		
11-20-15	6:30		
11-21-15	700		
11-22-15	700		
11-23-15	6:30		
11-24-15	700		

(over)

This form and its contents are strictly **CONFIDENTIAL**

9/03,6/05,8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg: (b)(4)

Den #: _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
10-1-15	7:00	2:00		(b)(6)
10-2-15	7:00	2:00		
10-3-15	6:00	2:00		
10-4-15	6:00	2:00		
10-5-15	6:30	2:00		
10-6-15	6:30	2:00		
10-7-15	7:00	2:00		
10-8-15	7:00	2:00		
10-9-15	7:00	2:00		
10-10-15	7:00	2:00		
10-11-15	7:00	2:00		
10-12-15	7:00	2:00		
10-13-15	6:30	2:00		
10-14-15	7:00	2:00		
10-15-15	6:30	2:00		
10-16-15	7:00	2:00		
10-17-15	7:00	2:00		
10-18-15	7:00	2:00		
10-19-15	7:00	2:00		
10-20-15	7:00	2:00		
10-21-15	7:00	2:00		
10-22-15	7:00	2:00		
10-23-15	6:30	2:00		
10-24-15	6:00	2:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260

Animal Sex: (M) F (circle one)

Animal Name: Thadew

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x 14FN
Enalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
10-1-15	7:00		(b)(6)
10-2-15	7:00		
10-3-15	6:00		
10-4-15	6:00		
10-5-15	6:30		
10-6-15	6:20		
10-7-15	7:00		
10-8-15	7:00		
10-9-15	7:00		
10-10-15	7:00		
10-11-15	7:00		
10-12-15	7:00		
10-13-15	7:10		
10-14-15	7:00		
10-15-15	6:30		
10-16-15	7:00		
10-17-15	7:00		
10-18-15	7:00		
10-19-15	7:00		
10-20-15	7:00		
10-21-15	7:00		
10-22-15	7:00		
10-23-15	6:30		
10-24-15	6:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThadensBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-27-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 81mg Aspirin-low dose
SID x UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
10-1-15	7:00		(b)(6)
10-2-15	7:00		
10-3-15	6:00		
10-4-15	6:00		
10-5-15	10:30		
10-6-15	6:30		
10-7-15	700		
10-8-15	700		
10-9-15	700		
10-10-15	700		
10-11-15	700		
10-12-15	7:00		
10-13-15	6:30		
10-14-15	700		
10-15-15	6:30		
10-16-15	700		
10-17-15	700		
10-18-15	700		
10-19-15	7:00		
10-20-15	7:00		
10-21-15	700		
10-22-15	700		
10-23-15	6:30		
10-24-15	6:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThademaBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID X 12FN

TREATMENT

Date	Time of Treatment		Comments	Initials
9-1-15	7:00	2:00		(b)(6)
9-2-15	7:00	2:00		
9-3-15	7:00	2:00		
9-4-15	7:00	2:00		
9-5-15	7:00	2:00		
9-6-15	7:00	2:00		
9-7-15	7:00	2:00		
9-8-15	7:00	2:00		
9-9-15	7:00	2:00		
9-10-15	7:00	2:00		
9-11-15	6:30	2:00		
9-12-15	6:30	2:00		
9-13-15	6:00	2:00		
9-14-15	6:00	2:00		
9-15-15	7:00	2:00		
9-16-15	7:00	2:00		
9-17-15	7:00	2:00		
9-18-15	7:00	2:00		
9-19-15	7:00	2:00		
9-20-15	7:00	2:00		
9-21-15	7:00	2:00		
9-22-15	7:00	2:00		
9-23-15	7:00	2:00		
9-24-15	7:00	2:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1360Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4) Den # _____Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 81mg Aspirin-low dose
SID x UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
9-1-15	700		(b)(6)
9-2-15	7:00		
9-3-15	7:00		
9-4-15	7:00		
9-5-15	7:00		
9-6-15	7:00		
9-7-15	7:00		
9-8-15	700		
9-9-15	700		
9-10-15	700		
9-11-15	6:30		
9-12-15	6:00		
9-13-15	6:00		
9-14-15	6:00		
9-15-15	700		
9-16-15	700		
9-17-15	700		
9-18-15	700		
9-19-15	700		
9-20-15	700		
9-21-15	7:00		
9-22-15	7:00		
9-23-15	7:00		
9-24-15	700		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: Thadens

Blkg #: _____ Den #: _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x 14EN
Enalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
9-1-15	7:00		(b)(6)
9-2-15	7:12		
9-3-15	7:00		
9-4-15	7:00		
9-5-15	7:00		
9-6-15	7:00		
9-7-15	7:00		
9-8-15	7:00		
9-9-15	7:00		
9-10-15	7:00		
9-11-15	6:30		
9-12-15	10:00		
9-13-15	10:00		
9-14-15	10:00		
9-15-15	7:00		
9-16-15	7:00		
9-19-15	7:00		
9-18-15	7:00		
9-19-15	7:00		
9-20-15	7:00		
9-21-15	7:00		
9-22-15	7:00		
9-23-15	7:00		
9-24-15	7:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
8-1-15	10:00	2:00		(b)(6)
8-2-15	10:00	2:00		
8-3-15	10:30	2:00		
8-4-15	10:30	2:00		
8-5-15	700	2:00		
8-6-15	700	2:00		
8-7-15	700	2:00		
8-8-15	700	2:00		
8-9-15	700	2:00		
8-10-15	700	2:00		
8-11-15	700	2:00		
8-12-15	7:00	2:00		
8-13-15	7:00	2:00		
8-14-15	700	2:00		
8-15-15	700	2:00		
8-16-15	700	2:00		
8-17-15	700	2:00		
8-18-15	7:00	2:00		
8-19-15	7:00	2:00		
8-20-15	7:00	2:00		
8-21-15	7:00	2:00		
8-22-15	7:00	2:00		
8-23-15	7:00	2:00		
8-24-15	700	2:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 81mg Aspirin - low dose
S/D X UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
8-1-15	10:00		(b)(6)
8-2-15	10:00		
8-3-15	10:00		
8-4-15	10:30		
8-5-15	700		
8-6-15	700		
8-7-15	700		
8-8-15	700		
8-9-15	700		
8-10-15	700		
8-11-15	700		
8-12-15	7:00		
8-13-15	7:00		
8-14-15	700		
8-15-15	700		
8-16-15	700		
8-17-15	700		
8-18-15	7:00		
8-19-15	7:00		
8-20-15	7:00		
8-21-15	7:00		
8-22-15	7:00		
8-23-15	7:00		
8-24-15	700		

This form and its contents are strictly CONFIDENTIAL.

9/03,6/05,8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThadensBldg # (b)(4)

Den # _____

Veterinarian: _____

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x UFN
Encl April

TREATMENT

Date	Time of Treatment	Comments	Initials
8-1-15	10:10		(b)(6)
8-2-15	10:10		
8-3-15	10:10		
8-4-15	10:30		
8-5-15	700		
8-6-15	700		
8-7-15	700		
8-8-15	700		
8-9-15	700		
8-10-15	700		
8-11-15	700		
8-12-15	7:00		
8-13-15	7:10		
8-14-15	700		
8-15-15	700		
8-16-15	700		
8-17-15	700		
8-18-15	7:00		
8-19-15	7:00		
8-20-15	7:00		
8-21-15	7:00		
8-22-15	7:00		
8-23-15	7:00		
8-24-15	700		

This form and its contents are strictly CONFIDENTIAL

(over)
9/03,6/05,8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: 1210Animal Sex: (M) F (circle one)Animal Name: ThadeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID X 14FN

TREATMENT

Date	Time of Treatment		Comments	Initials
7-1-15	7:00	2:00		(b)(6)
7-2-15	7:00	2:00		
7-3-15	7:00	2:00		
7-4-15	7:00	2:00		
7-5-15	7:00	2:00		
7-6-15	7:00	2:00		
7-7-15	7:00	2:00		
7-8-15	7:00	2:00		
7-9-15	7:00	2:00		
7-10-15	7:00	2:00		
7-11-15	7:00	2:00		
7-12-15	7:00	2:00		
7-13-15	7:00	2:00		
7-14-15	7:00	2:00		
7-15-15	7:00	2:00		
7-16-15	7:00	2:00		
7-17-15	7:00	2:00		
7-18-15	7:00	2:00		
7-19-15	7:00	2:00		
7-20-15	7:00	2:00		
7-21-15	7:00	2:00		
7-22-15	7:00	2:00		
7-23-15	7:00	2:00		
7-24-15	7:00	2:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ♀ F (circle one)Animal Name: Thadous

Bldg #

Den #

Veterinarian: _____

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x UFNEnril April

TREATMENT

Date	Time of Treatment	Comments	Initials
7-1-15	7:00		b)(6)
7-2	7:00		
7-3-15	7:00		
7-4-15	7:00		
7-5-15	7:00		
7-6-15	7:00		
7-7-15	7:00		
7-8-15	7:00		
7-9-15	7:00		
7-10-15	7:00		
7-11-15	7:00		
7-12-15	7:00		
7-13-15	7:00		
7-14-15	7:00		
7-15-15	7:00		
7-16-15	7:00		
7-17-15	7:00		
7-18-15	7:00		
7-19-15	7:00		
7-20-15	7:00		
7-21-15	7:00		
7-22-15	7:00		
7-23-15	7:00		
7-24-15	7:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (D) F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 81mg Aspirin-low dose
SID x WFN

TREATMENT

Date	Time of Treatment	Comments	Initials
7-1-15	7:00		(b)(6)
7-2	7:00		
7-7-15	7:00		
7-8-15	7:00		
7-8-15	7:00		
7-6-15	7:00		
7-7-15	7:00		
7-8-15	7:00		
7-9-15	7:00		
7-10-15	7:00		
7-11-15	7:00		
7-12-15	7:00		
7-13-15	7:00		
7-14-15	7:00		
7-15-15	7:00		
7-16-15	7:00		
7-17-15	7:00		
7-18-15	7:00		
7-19-15	7:00		
7-20-15	7:00		
7-21-15	7:00		
7-22-15	7:00		
7-23-15	7:00		
7-24-15	7:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThademaBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID x 4FN

TREATMENT

Date	Time of Treatment		Comments	Initials
10-1-15	7:00	2:00		(b)(6)
10-2-15	7:00	2:00		(b)(6)
10-3-15	7:00	2:00		(b)(6)
10-4-15	7:00	2:00		(b)(6)
10-5-15	7:00	2:00		(b)(6)
10-6-15	7:00	2:00		(b)(6)
10-7-15	7:00	2:00		(b)(6)
10-8-15	7:00	2:00		(b)(6)
10-9-15	7:00	2:00		(b)(6)
10-10-15	7:00	2:00		(b)(6)
10-11-15	6:30	2:00		(b)(6)
10-12-15	7:00	2:00		(b)(6)
10-13-15	7:00	2:00		(b)(6)
10-14-15	7:00	2:00		(b)(6)
10-15-15	7:00	2:00		(b)(6)
10-16-15	7:00	2:00		(b)(6)
10-17-15	7:00	2:00		(b)(6)
10-18-15	7:00	2:00		(b)(6)
10-19-15	6:30	2:00		(b)(6)
10-20-15	6:00	2:00		(b)(6)
10-21-15	6:00	2:00		(b)(6)
10-22-15	6:30	2:00		(b)(6)
10-23-15	7:00	2:00		(b)(6)
10-24-15	7:00	2:00		(b)(6)

This form and its contents are strictly **CONFIDENTIAL**

9/03,6/05,8/31/12

Obtained by Rise for Animals.

Uploaded to Animal Research Laboratory Overview (ARLO) on 12/17/2020

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: M F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian: _____

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x UFN
Enalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
6-1-15	700		(b)(6)
6-2-15	700		
6-3-15	700		
6-4-15	700		
6-5-15	700		
6-6-15	700		
6-7-15	700		
6-8-15	7:00		
6-9-15	700		
6-10-15	700		
6-11-15	6:30		
6-12-15	700		
6-13-15	700		
6-14-15	700		
6-15-15	700		
6-16-15	6:30		
6-17-15	6:30		
6-18-15	6:30		
6-19-15	6:30		
6-20-15	6:00		
6-21-15	6:00		
6-22-15	6:30		
6-23-15	700		
6-24-15	700		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThaddeusBlot # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-22-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 81mg Aspirin-low dose
SID X UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
10-1-15	700		(b)(6)
6-2-15	700		
6-3-15	700		
6-4-15	700		
6-5-15	700		
6-6-15	700		
6-7-15	7:00		
6-8-15	7:00		
6-9-15	700		
6-10-15	700		
6-11-15	6:30		
6-11-15	200		
6-13-15	700		
6-14-15	700		
6-15-15	700		
6-16-15	6:30		
6-17-15	6:30		
6-18-15	6:30		
6-19-15	6:30		
6-20-15	6:00		
6-21-15	6:00		
6-22-15	6:30		
6-23-15	700		
6-24-15	700		

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(b)(6)

9/03,6/05,8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
5-1-15	7:00	2:00		(b)(6)
5-2-15	7:00	2:00		
5-3-15	7:00	2:00		
5-4-15	7:00	2:00		
5-5-15	7:00	2:00		
5-6-15	7:00	2:00		
5-7-15	7:00	2:00		
5-8-15	7:00	2:00		
5-9-15	7:00	2:00		
5-10-15	7:00	2:00		
5-11-15	7:00	2:00		
5-12-15	7:00	2:00		
5-13-15	7:00	2:00		
5-14-15	7:00	2:00		
5-15-15	7:00	2:00		
5-16-15	7:00	2:00		
5-17-15	7:00	2:00		
5-18-15	7:00	2:00		
5-19-15	7:00	2:00		
5-20-15	7:00	2:00		
5-21-15	7:00	2:00		
5-22-15	7:00	2:00		
5-23-15	7:00	2:00		
5-24-15	7:00	2:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260

Animal Sex: ☒ M ☐ F (circle one)

Animal Name: Thadew

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x 14FN
Enalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
5-1-15	7:00		(b)(6)
5-2-15	7:00		
5-3-15	7:00		
5-4-15	7:00		
5-5-15	7:00		
5-6-15	7:00		
5-7-15	7:00		
5-8-15	7:00		
5-9-15	7:00		
5-10-15	7:00		
5-11-15	7:00		
5-12-15	7:00		
5-13-15	7:00		
5-14-15	7:00		
5-15-15	7:00		
5-16-15	7:00		
5-17-15	7:00		
5-18-15	7:00		
5-19-15	7:00		
5-20-15	7:00		
5-21-15	7:00		
5-22-15	7:00		
5-23-15	7:00		
5-24-15	7:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 81mg Aspirin-low dose
SID x uFN

TREATMENT

Date	Time of Treatment	Comments	Initials
5-1-15	7:00		(b)(6)
5-2-15	7:00		
5-3-15	7:00		
5-4-15	7:00		
5-5-15	700		
5-6-15	700		
5-7-15	700		
5-8-15	700		
5-9-15	700		
5-10-15	700		
5-11-15	700		
5-12-15	701		
5-13-15	700		
5-14-15	7:00		
5-15-15	7:00		
5-16-15	7:00		
5-17-15	7:00		
5-18-15	7:00		
5-19-15	700		
5-20-15	700		
5-21-15	700		
5-22-15	7:00		
5-23-15	700		
5-24-15	700		

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9/03,6/05,8/31/12 (over)

Obtained by Rise for Animals.

Uploaded to Animal Research Laboratory Overview (ARLO) on 12/17/2020

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4) Den # _____Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID x 14FN

TREATMENT

Date	Time of Treatment		Comments	Initials
4-1-15	7:00	2:00		(b)(6)
4-2	7:00	2:00		
4-3	7:00	2:00		
4-4	7:00	2:00		
4-5	7:00	2:00		
4-6	7:00	2:00		
4-7	7:00	2:00		
4-8	6:30	2:00		
4-9	6:30	2:00		
4-10	6:30	2:00		
4-11	7:00	2:00		
4-12	7:00	2:00		
4-13	7:00	2:00		
4-14	7:00	2:00		
4-15	7:00	2:00		
4-16	7:00	2:00		
4-17	7:00	2:00		
4-18	7:00	2:00		
4-19	7:00	2:00		
4-20	7:00	2:00		
4-21	7:00	2:00		
4-22	7:00	2:00		
4-23	7:00	2:00		
4-24	7:00	2:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260

Animal Sex: (M) F (circle one)

Animal Name: Thadens

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x UFN
Enalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
4-1-03	700		(b)(6)
4-2	700		
4-3	700		
4-4	700		
4-5	7:00		
4-6	700		
4-7	700		
4-8	10:50		
4-9	10:30		
4-10	10:30		
4-11	700		
4-12	700		
4-13	7:00		
4-14	7:00		
4-15	9:00		
4-16	700		
4-17	9:00		
4-18	7:00		
4-19	7:00		
4-20	7:00		
4-21	7:00		
4-22	700		
4-23	700		
4-24	700		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-27-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 81mg Aspirin-low dose
SID x UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
4-1-12	7:00		(b)(6)
4-2	7:00		
4-3	7:00		
4-4	7:00		
4-5	7:00		
4-6	7:00		
4-7	7:00		
4-8	10:30		
4-9	10:30		
4-10	10:30		
4-11	7:00		
4-12	7:00		
4-13	7:00		
4-14	7:00		
4-15	7:00		
4-16	7:00		
4-17	7:00		
4-18	7:00		
4-19	7:00		
4-20	7:00		
4-21	7:00		
4-22	7:00		
4-23	7:00		
4-24	7:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: M F (circle one)Animal Name: ThaddeusBldg # (b)(4)Den # 10Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
3-14	7:00	2:00		(b)(6)
3-2	7:00	2:00		
3-3	7:00	2:00		
3-4	7:00	2:00		
3-5	7:00	2:00		
3-6	7:00	2:00		
3-7	7:00	2:00		
3-8	7:00	2:00		
3-9	7:00	2:00		
3-10	7:00	2:00		
3-11	7:00	2:00		
3-12	7:00	2:00		
3-13	7:00	2:00		
3-14	7:00	2:00		
3-15	7:00	2:00		
3-16	7:00	2:00		
3-17	6:30	2:00		
3-18	6:30	2:00		
3-19	6:15	2:00		
3-20	6:30	2:00		
3-21	7:00	2:00		
3-22	7:00	2:00		
3-23	7:00	2:00		
3-24	6:30	2:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1360Animal Sex: (M) F (circle one)Animal Name: Thaddeus

Bldg #

(b)(4)

Den #

10Veterinarian: (b)(6)

Time:

Date:

1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration):

5mg SID x UFN
Enalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
3-1-13	7:00		(b)(6)
3-2	7:00		
3-3	7:00		
3-4	7:00		
3-5	7:00		
3-6	7:00		
3-7	7:00		
3-8	7:00		
3-9	7:00		
3-10	7:00		
3-11	7:00		
3-12	7:00		
3-13	7:00		
3-14	7:00		
3-15	7:00		
3-16	7:00		
3-17	7:00		
3-18	7:00		
3-19	6:15		
3-20	6:30		
3-21	7:00		
3-22	7:00		
3-23	7:00		
3-24	6:30		

This form and its contents are strictly **CONFIDENTIAL**

9/03,6/05,8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThadensBldg # (b)(4)Den # 10Veterinarian: (b)(6)

Time: _____

Date: 10-29/2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 81mg Aspirin-low dose
SID x UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
3-1-13	7:00		(b)(6)
3-2	7:10		
3-3	7:00		
3-4	7:40		
3-5	7:10		
3-6	7:00		
3-7	7:00		
3-8	7:00		
3-9	7:00		
3-10	7:00		
3-11	7:10		
3-12	7:00		
3-13	7:00		
3-14	7:00		
3-15	7:00		
3-16	7:00		
3-17	7:00		
3-18	7:00		
3-19	6:30		
3-20	6:30		
3-21	7:00		
3-22	7:00		
3-23	7:00		
3-24	6:30		

This form and its contents are strictly CONFIDENTIAL

9/03,6/05,8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: M F (circle one)Animal Name: Thaddeus

Bldg #

(b)(4)

Den #

10

Veterinarian:

(b)(6)

Time:

Date:

10-29-2012History: See Record

Sample Collected:

Time:

Date:

Diagnosis/Results:

Prescribed Treatment (specify frequency and duration):

Protein Supplement
BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
2-1	7:00	2:00		(b)(6)
2-2	7:00	2:00		
2-3	7:00	2:00		
2-4	7:00	2:00		
2-5	7:00	2:00		
2-6	7:00	2:00		
2-7	7:00	2:00		
2-8	7:00	2:00		
2-9	7:00	2:00		
2-10	7:00	2:00		
2-12	6:30	2:00		
2-12	6:00	2:00		
2-13	6:00	2:00		
2-14	6:00	2:00		
2-15	6:00	2:00		
2-16	6:00	2:00		
2-17	6:00	2:00		
2-18	7:00	2:00		
2-19	7:00	2:00		
2-20	7:00	2:00		
2-21	7:00	2:00		
2-22	7:00	2:00		
2-23	7:00	2:00		
2-24	7:00	2:00		

This form and its contents are strictly **CONFIDENTIAL**9/03,6/05,8/3/12^(over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)Den # 10Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID X UFN
Enalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
2-1	7:00		(b)(6)
2-2	6:30		
2-3	7:00		
2-4	7:00		
2-5	7:00		
2-6	7:00		
2-7	7:00		
2-8	7:00		
2-9	7:00		
2-10	6:00		
2-11	6:00		
2-12	6:00		
2-13	6:00		
2-14	6:00		
2-15	6:00		
2-16	6:00		
2-17	6:00		
2-18	7:00		
2-19	7:00		
2-20	7:00		
2-21	7:00		
2-22	7:00		
2-23	7:00		
2-24	7:00		

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9/03,6/05,8/31/12 (over)

CLIMPAZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThadensBldg # (b)(4)Den # 10Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 81mg Aspirin-low doseSID x WFN

TREATMENT

Date	Time of Treatment	Comments	Initials
2-1	7:00		(b)(6)
2-2	6:30		
2-3	7:00		
2-4	7:00		
2-5	7:00		
2-6	7:00		
2-7	7:00		
2-8	7:00		
2-9	7:00		
2-10	7:00		
2-11	6:30		
2-12	6:00		
2-13	6:00		
2-14	6:00		
2-15	6:00		
2-16	6:00		
2-17	6:00		
2-18	7:00		
2-19	7:00		
2-20	7:00		
2-21	7:00		
2-22	7:00		
2-23	7:00		
2-24	7:00		

This form and its contents are strictly **CONFIDENTIAL**

9/03, 8/05, 8/31/12 (over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1560Animal Sex: M F (circle one)Animal Name: Thaddeus

Bldg #

(b)(4)

Den #

10Veterinarian: (b)(6)

Time:

Date:

1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration):

15mg SID X UFN
Enalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
1-15	6:00		(b)(6)
1-2-15	10:00		
1-3	10:00		
1-4	6:00		
1-5	7:00		
1-6	6:00		
1-7	7:00		
1-8	7:00		
1-9	7:00		
1-10	7:00		
1-11	7:00		
1-12	6:00		
1-13	6:00		
1-14	6:00		
1-15	6:00		
1-16	6:00		
1-17	6:30		
1-18	6:30		
1-19	6:30		
1-20	7:00		
1-21	6:00		
1-22	7:00		
1-23	7:00		
1-24	6:00		

(over)

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CHIMPANZEE TREATMENT SHEET

Animal ID: 1260

Animal Sex: ☒ M ☐ F (circle one)

Animal Name: Thadens

Bldg # (b)(4) Den # 10

Veterinarian: (b)(6)

Time:

Date: 10-29-2012

History: See Record

Sample Collected:

Time:

Date:

Diagnosis/Results:

Prescribed Treatment (specify frequency and duration): 81mg Aspirin-low dose
SID x UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
1-1-15	10:00		(b)(6)
1-2	10:00		
1-3	10:00		
1-4	10:00		
1-5	7:00		
1-6	10:00		
1-7	7:00		
1-8	7:00		
1-9	7:00		
1-10	7:00		
1-11	7:00		
1-12	10:00		
1-13	10:00		
1-14	10:00		
1-15	10:00		
1-16	10:00		
1-17	6:30		
1-18	6:30		
1-19	6:30		
1-20	7:00		
1-21	10:00		
1-22	7:00		
1-23	10:00		
1-24	10:00		

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9/03,6/05,8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260

Animal Sex: M F (circle one)

Animal Name: ThadusBldg # (b)(4)Den # 10Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration):

Protein Supplement
BID XUFN

TREATMENT

Date	Time of Treatment	Comments	Initials
1-15	6:00 1:00		(b)(6)
1-2	6:00 2:00		
1-3	6:00 2:00		
1-4	6:00 2:00		
1-5	7:00 2:00		
1-6	7:00 2:00		
1-7	7:00 2:00		
1-8	7:00 2:00		
1-9	7:00 2:00		
1-10	7:00 2:00		
1-11	7:00 2:00		
1-12	6:00 2:00		
1-13	6:00 2:00		
1-14	6:00 2:00		
1-15	6:00 2:00		
1-16	6:00 2:00		
1-17	6:00 2:00		
1-18	6:00 2:00		
1-19	6:00 2:00		
1-20	7:00 2:00		
1-21	6:00 2:00		
1-22	7:00 2:00		
1-23	7:00 2:00		
1-24	6:00 2:00		

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① Recording over

(b)(6)

1-15-11

PHYSICAL EXAMINATION

Date 1/22/15	Infectious Status HCV carrier	Age - Years 32	Last Wt. (kg) 51.0	BCS 3
ID Number 1260	Name Thadens	DOB 11-4-1982	Sex M F X	Wt (kg) 48.5

Anesthetic/Sedation -- see Physical Exam Sedation Record and/or Anesthesia Monitoring Record

Temp. (F) 100.5	Heart Rate (Beats/Min) 101-128	Resp (resp/min) 26	SpO ₂ 86-89	Blood Pressure 112/54, 117/43, 115/39
--------------------	-----------------------------------	-----------------------	---------------------------	--

Parameters Examined

Only one observation is checked for each system; all others are "NA" - not applicable

System	Abnormal	Normal	Not observed	System	Abnormal	Normal	Not Observed
1. Integument		☒		7. Neurologic		☒	
2. Respiratory	☒	☒		8. Musculoskeletal		☒	
3. Cardiovascular	☒	☒		9. Lymphatic		☒	
4. Gastrointestinal	☒	☒		10. Endocrine		☒	
5. Urogenital	☒	☒		11. Special Senses		☒	
6. Cycle Stage/ Reproductive				12. CBC/CHEM			

Comments by number: (3) Echocardi - LVH, murmur 1/5 systolic
 ↳ thickened mitral + aortic valve, mild TR/MP

(5) Enormous Left Testicle sx removed.

CBC: WNL, CHEM: ALB 3.1, ALP 179, Tbil 0.7, Phos 4.8, Glob 5.0

Master Problem List: HCV carrier, Hx: glomerulonephritis w/ Nephrotic syndrome - Hepatic amyloidosis, murmur - LVH/mild TR/MP, valvulocardi

Differential Diagnosis:

SUBMITTING (Only those items checked were submitted;
others are "NA" - not applicable)

BLOOD TUBES

☒ SMA ☒ TB test R ☒ Eye
☒ CBC ☒ Fecal O&P
☐ Coagulation ☐ Fecal Culture
☐ Urinalysis ☐ Occult Blood (Feces)
☐ Blood Culture ☐ Perianal Tape Test

☐ Radiographs
☒ ECG
☒ U/S
 Other (List):

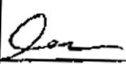
1 10ml SST
 1 3ml Lithium Heparin
 1 3ml EDTA

TREATMENT: O₂ ☒

Continue i Protein Supp BIP, Aspirin 8mg SID, Evalipid 15mg SID
 Echocardi as available

HEALTH ASSESSMENT: (Good) Fair Poor

RISK: Normal At Risk (High Risk)

Signature:  Date: 1/22/15

PHYSICAL EXAM SEDATION RECORD

Animal number/name: 1260 / Thadeus Weight (kg): 51.0 Date: 1-22-15Sedation Method: dart / injectionVeterinarian:

(b) (6)

0
↓
InjectionTime: 10:12 am / pm↓
Induction (down)Time: 10:18 am / pm↓
Recovery (able to sit up)Time: 11:15 am / pmInitial Dosage (ml) Telazol: 1.5 (The standard dose is 3 mg/kg, IM)

Supplements (ml) Telazol/Ketamine: _____ am / pm _____ IM / IV

Supplements (ml) Telazol/Ketamine: _____ am / pm _____ IM / IV

Supplements (ml) Telazol/Ketamine: _____ am / pm _____ IM / IV

Current Weight (kg): 48.5

Re-tattoo Y N

COMMENTS: _____

TUBERCULOSIS TEST READING SCHEDULE

Location: Bldg (b)(4) Rm (b)(4) Date Administered: 1-22-15

Veterinarian: (b)(6)

Site of Injection: R Eye L Eye ✓ Lot #: 441 X Exp Date: 3-11-2016

Animal Number/Name	Sex	Weight (kgs)	Age	GRADE*			Reader's Initials
				24 hrs	48 hrs	72 hrs	
1260 Thadew	YM	48.5		0	0	0	(b)(6)
1433 Angela	YM	63.5		0	0	0	

*Grade	Reaction	Result
0	No visible change	Negative
1 (+)	Bruising	Negative
2 (+)	Various degrees of erythema w/o swelling	Negative
3 (+)	Various degrees of erythema with minimal swelling or slight swelling without erythema	Suspect
4 (+)	Obvious swelling of the palpebrum with drooping of the eyelid and various degrees of erythema (May appear pustular/exudates)	Positive
5 (+)	Eye closed, swelling and/or necrosis	Positive

DENTITION RECORD

DATE: 1/22/15ANIMAL NAME: Thadens ANIMAL NO. 1260

Right										(b)(6)	Left						
	M3	M2	M1	PM2	PM1	C	I2	I1	I1	I2	C	PM1	PM2	M1	M2	M3	
Upper							(b)(6)	X	X	(b)(6)							
Lower																	

Removed

Blank space = tooth present

X = tooth missing

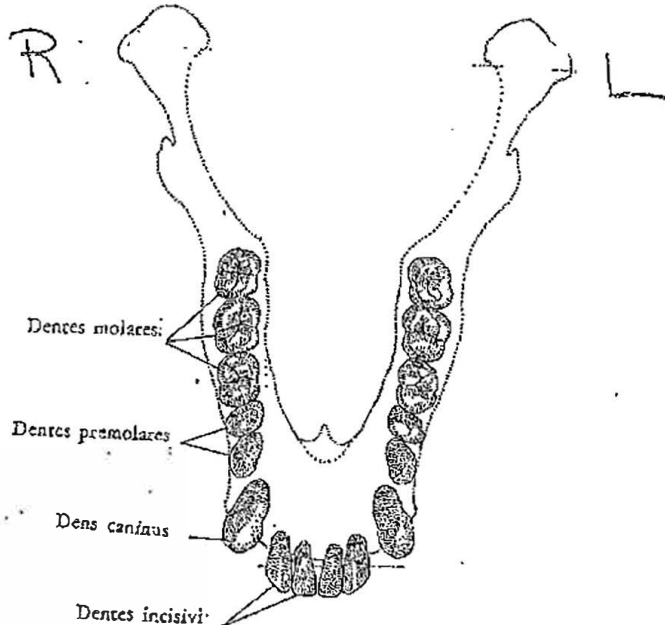
B = Tooth broken

D = Present but diseased

Comments:

Removed broken
→ small fragment

Counsel fill



DO NOT FEED

Remove Feed from animals the afternoon / evening of 1-21-15
at approximately 2:00 am / (pm)

Do Not Feed the morning of 1-22-15

Building/Room (b)(4) Den 12 (b)(4) Dens, 10, 11, 12

DO NOT FEED the following animals as directed above:

Physical Exam

Animal Identification	Time Feed Pulled		Time Animals Fed		Comments
	(AM/PM)	Initial/Date	(AM/PM)	Initial/Date	
1340 Thaddeus			5 30	(b)(6) 1/22/15	
1433 Angelo			5 30	1/22/15	
902 Bert			5 30	1/22/15	
1173 Timmie			5 30	1/22/15	
1374 Goliath		(b)(6)			
CA0110 Josh					
CA0112 Nazrat					
CA0156 David					
1386 Gidette					
1509 BB					

NPO = Nothing by mouth -- no food or water

NF = No food -- water okay

INDIVIDUAL WEIGHTS -- DEWORMING -- VACCINATIONS

Animal Number: 1260	Name: Thaddeus	Sex: ☒ M ☐ F ☐ X
DOB: 11-4-1982	Age:	Location: Building (b)(4) Den 10

YEAR 2014

WEIGHTS BY MONTH		
Date (00/00/00)	Weight	Initials
2-6-14	52.5	(b)(6)
4-17-14	52.0	
5-20-14	50.0	
8-16-14	56.0	
10-31-14	51.0	

VACCINATIONS & OTHER			
Q3YR RABIES: Imrab 3; Route SQ; Dose Amount 1ml			
Q6YR TETANUS TOKOID: Route IM; Dose Amount 0.5ml			
Date (00/00/00)	Manufacturer/Type/ Route/Dose Amount	Serial #	Initials

DEWORMING							
Type = Panacur or Ivomec ; Route = Per Os, IM, SQ ; Panacur Dose=1ml per 10 kg; Ivomec Dose=0.2mg per kg							
Type: Panacur PO				Type: Panacur			
First Dose Date	Dose Amount	Route	Initials	Second Dose Date	Dose Amount	Route	Initials
1-6-14	7.0	PO	(b)(6)	1-21-14	7.0	PO	(b)(6)
Type: Panacur				Type: Panacur			
First Dose Date	Dose Amount	Route	Initials	Second Dose Date	Dose Amount	Route	Initials
3-23-14	6.0	PO	(b)(6)	4-16-14	6.0	PO	(b)(6)
Type: Panacur				Type: Panacur			
First Dose Date	Dose Amount	Route	Initials	Second Dose Date	Dose Amount	Route	Initials
7-27-14	5.0	PO	(b)(6)	8-10-14	5.0	PO	(b)(6)
Panacur				Panacur			
12-8-14	6.0	PO	(b)(6)	12-22-14	6.0	PO	(b)(6)

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9/12

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: M F (circle one)Animal Name: ThadeusBldg # (b)(4)Den # 10Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID x 4 Wk

TREATMENT

Date	Time of Treatment		Comments	Initials
12-1-14	7:00	2:00		(b)(6)
12-2-14	7:00	2:00		
12-3-14	7:00	2:00		
12-4-14	7:00	2:00		
12-5-14	7:00	2:00		
12-6-14	7:00	2:00		
12-7-14	7:00	2:00		
12-8-14	7:00	2:00		
12-9-14	7:00	2:00		
12-10-14	7:00	2:00		
12-11-14	7:00	2:00		
12-12-14	7:00	2:00		
12-13-14	6:30	2:00		
12-14-14	7:00	2:00		
12-15-14	7:00	2:00		
12-16-14	6:30	2:00		
12-17-14	6:30	2:00		
12-18-14	7:00	2:00		
12-19-14	7:00	2:00		
12-20-14	7:00	2:00		
12-21-14	7:00	2:00		
12-22-14	6:30	2:00		
12-23-14	7:00	2:00		
12-24-14	7:00	2:00		

(over)

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CHIMPANZEE TREATMENT SHEET

Animal ID: 1260

Animal Sex: ☒ M ☐ F (circle one)

Animal Name: Thadens

Bldg # (b)(4)

Den # 10

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012

History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 81mg Aspirin-low dose
SID x UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
12-1-14	7:00		(b)(6)
12-2-14	7:00		
12-3-14	7:00		
12-4-14	7:00		
12-5-14	7:00		
12-6-14	7:00		
12-7-14	7:00		
12-8-14	7:00		
12-9-14	7:00		
12-10-14	7:00		
12-11-14	7:00		
12-12-14	7:00		
12-13-14	7:00		
12-14-14	7:00		
12-15-14	7:00		
12-16-14	7:30		
12-17-14	7:30		
12-18-14	7:00		
12-19-14	7:00		
12-20-14	7:00		
12-21-14	7:00		
12-22-14	7:00		
12-23-14	7:00		
12-24-14	7:00		

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9/03,6/05,8/31/12^(over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: Thadens

Bldg #

(b)(4)

Den #

10

Veterinarian:

(b)(6)

Time:

Date:

1-28-2003

History:

Sample Collected:

Time:

Date:

Diagnosis/Results:

Prescribed Treatment (specify frequency and duration):

15mg SID x UFA
Enalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
11-1-14	7:00		(b)(6)
12-2-14	7:00		
12-3-14	7:00		
12-4-14	7:00		
12-5-14	7:00		
12-6-14	7:00		
12-7-14	7:00		
12-8-14	7:00		
12-9-14	7:00		
12-10-14	7:00		
12-11-14	7:00		
12-12-14	7:00		
12-13-14	6:30		
12-14-14	6:30		
12-15-14	7:00		
12-16-14	6:30		
12-17-14	6:30		
12-18-14	7:00		
12-19-14	7:00		
12-20-14	7:00		
12-21-14	7:00		
12-22-14	6:00		
12-23-14	7:00		
12-24-14	7:00		

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9/03,6/05,8/31/12 (over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: M F (circle one)Animal Name: ThadeusBldg # (b)(4)Den # 10Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein SupplementBID x UFN

TREATMENT

Date	Time of Treatment		Comments	Initials
11-1	7:00	2:00		(b)(6)
11-2	7:00	2:00		
11-3-14	7:00	2:00		
11-4-14	7:00	2:00		
11-5-14	7:00	2:00		
11-6-14	7:00	2:00		
11-7-14	7:00	2:00		
11-8-14	7:00	2:00		
11-9-14	7:00	2:00		
11-10-14	7:00	2:00		
11-11-14	7:00	2:00		
11-12-14	7:00	2:00		
11-13-14	7:00	2:00		
11-14-14	7:00	2:00		
11-15-14	7:00	2:00		
11-16-14	7:00	2:00		
11-17-14	7:00	2:00		
11-18-14	7:00	2:00		
11-19-14	7:00	2:00		
11-20-14	7:00	2:00		
11-21-14	7:00	2:00		
11-22-14	7:00	2:00		
11-23-14	7:00	2:00		
11-24-14	7:00	2:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1560Animal Sex: (M) F (circle one)Animal Name: Thaddeus
(b)(6)Bldg # (b)(4) Den # 10Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x UFN
Enalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
11-1	700		(b)(6)
11-2	700		
11-3-14	7:16		
11-4-14	7:00		
11-5-14	7:00		
11-6-14	7:16		
11-7-14	7:00		
11-8-14	7:16		
11-9-14	6:00		
11-10-14	700		
11-11-14	7:16		
11-12-14	7:00		
11-13-14	700		
11-14-14	700		
11-15-14	700		
11-16-14	700		
11-17-14	7:00		
11-18-14	7:00		
11-19-14	7:00		
11-20-14	7:16		
11-21-14	7:00		
11-22-14	7:00		
11-23-14	7:16		
11-24-14	700		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260

Animal Sex: ☒ M ☐ F (circle one)

Animal Name: Thadens

Bldg # (b)(4) Den # 10

Veterinarian: (b)(6)

Time: _____ Date: 10-29-2012

History: See Record

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 81mg Aspirin-low dose
SID x UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
11-1	700		(b)(6)
11-2	700		
11-3-14	7:00		
11-4-14	7:00		
11-5-14	7:00		
11-6-14	7:00		
11-7-14	7:00		
11-8-14	7:00		
11-9-14	6:00		
11-10-14	700		
11-11-14	7:00		
11-12-14	7:00		
11-13-14	700		
11-14-14	700		
11-15-14	700		
11-16-14	700		
11-17-14	7:00		
11-18-14	7:00		
11-19-14	7:00		
11-20-14	7:00		
11-21-14	7:00		
11-22-14	7:00		
11-23-14	7:00		
11-24-14	700		

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CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: M F (circle one)Animal Name: Thaddeus

Bldg #

(b)(4)

Den #

10Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration):

Protein Supplement
BID XUFN

TREATMENT

Date	Time of Treatment	Comments	Initials
10-1-14	7:W 2:W		(b)(6)
10-2-14	7:W 2:W		
10-3-14	7:W 2:W		
10-4-14	7:W 2:W		
10-5-14	7:00 2:00		
10-6-14	7:W 2:W		
10-7-14	7:00 2:00		
10-8-14	7:00 2:00		
10-9-14	7:00 2:00		
10-10-14	7:W 2:W		
10-11-14	7:00 2:00		
10-12-14	7:W 2:00		
10-13-14	6:W 2:W		
10-14-14	7:00 2:00		
10-15-14	7:00 2:00		
10-16-14	7:00 2:00		
10-17-14	7:00 2:00		
10-18-14	7:00 2:00		
10-19-14	7:00 2:00		
10-20-14	7:W 2:W		
10-21-14	7:00 2:00		
10-22-14	7:W 2:W		
10-23-14	7:W 2:W		
10-24-14	7:W 2:W		

This form and its contents are strictly **CONFIDENTIAL**9/03,6/05,8/31/12^(over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260

Animal Sex: ☒ M ☐ F (circle one)

Animal Name: Thadens

Bldg # (b)(4)

Pen # 10

Veterinarian: (b)(6)

Time: _____

Date: 10-29/2012

History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 81mg Aspirin-low dose
SID x UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
10-1-14	7:16		(b)(6)
10-2-14	7:10		
10-3-14	7:00		
10-4-14	7:16		
10-5-14	7:00		
10-6-14	7:16		
10-7-14	7:00		
10-8-14	7:00		
10-9-14	7:00		
10-10-14	7:16		
10-11-14	7:16		
10-12-14	7:00		
10-13-14	7:16		
10-14-14	7:00		
10-15-14	7:00		
10-16-14	7:00		
10-17-14	7:00		
10-18-14	7:00		
10-19-14	7:00		
10-20-14	7:16		
10-21-14	7:00		
10-22-14	7:16		
10-23-14	7:16		
10-24-14	7:16		

This form and its contents are strictly CONFIDENTIAL

9/03,6/05,8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: 1560Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThaddeusBldg # (b)(4) Den # 10Veterinarian: (b)(6)Time: _____ Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x UFN
Enalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
10-1-14	7:00		(b)(6)
10-2-14	7:00		
10-3-14	7:00		
10-4-14	7:00		
10-5-14	7:00		
10-6-14	7:00		
10-7-14	7:00		
10-8-14	7:00		
10-9-14	7:00		
10-10-14	7:00		
10-11-14	7:00		
10-12-14	7:00		
10-13-14	7:00		
10-14-14	7:00		
10-15-14	7:00		
10-16-14	7:00		
10-17-14	7:00		
10-18-14	7:00		
10-19-14	7:00		
10-20-14	7:00		
10-21-14	7:00		
10-22-14	7:00		
10-23-14	7:00		
10-24-14	7:00		

This form and its contents are strictly CONFIDENTIAL

9/03, 8/05, 8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: M F (circle one)Animal Name: Thadeus

Bldg #

(b)(4)

Den #

10Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration):

Protein Supplement
BID x UEN

TREATMENT

Date	Time of Treatment		Comments	Initials
9-1-14	7:00	2:00		(b)(6)
9-2-14	7:00	2:00		
9-3-14	7:00	2:00		
9-4-14	7:00	2:00		
9-5-14	7:00	2:00		
9-6-14	7:00	2:00		
9-7-14	7:00	2:00		
9-8-14	7:00	2:00		
9-9-14	7:00	2:00		
9-10-14	7:00	2:00		
9-11-14	7:00	2:00		
9-12-14	7:00	2:00		
9-13-14	7:00	2:00		
9-14-14	7:00	2:00		
9-15-14	7:00	2:00		
9-16-14	7:00	2:00		
9-17-14	7:00	2:00		
9-18-14	7:00	2:00		
9-19-14	7:00	2:00		
9-20-14	7:00	2:00		
9-21-14	7:00	2:00		
9-22-14	7:00	2:00		
9-23-14	7:00	2:00		
9-24-14	7:00	2:00		

This form and its contents are strictly CONFIDENTIAL

9/03,6/05,8/31/12^(over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: Thadens

Bldg #

(b)(4)

Den #

10

Veterinarian:

(b)(6)

Time:

Date:

10-29/2012

History:

See Record

Sample Collected:

Time:

Date:

Diagnosis/Results:

Prescribed Treatment (specify frequency and duration):

81mg Aspirin-low dose
SID x WFN

TREATMENT

Date	Time of Treatment	Comments	Initials
9-1-14	7:00		(b)(6)
9-2-14	7:00		
9-3-14	7:00		
9-4-14	7:00		
9-5-14	7:00		
9-6-14	7:00		
9-7-14	7:00		
9-8-14	7:00		
9-9-14	7:00		
9-10-14	7:00		
9-11-14	7:00		
9-12-14	7:00		
9-13-14	7:00		
9-14-14	7:00		
9-15-14	7:00		
9-16-14	7:00		
9-17-14	7:00		
9-18-14	10:30		
9-19-14	6:00		
9-20-14	6:00		
9-21-14	6:00		
9-22-14	6:00		
9-23-14	7:00		
9-24-14	7:00		
9-25-14	7:00		

This form and its contents are strictly CONFIDENTIAL

① recording error

(b)(6)

03,6/05,8/3/12

Obtained by Rise for Animals.

Uploaded to Animal Research Laboratory Overview (ARLO) on 12/17/2020

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: M F (circle one)Animal Name: ThadensBldg # (b)(4)Den # 10Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x UFNEnalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
9-1-14	7:00		(b)(6)
9-2-14	7:00		
9-3-14	7:00		
9-4-14	7:00		
9-5-14	7:00		
9-6-14	7:00		
9-7-14	7:00		
9-8-14	7:00		
9-9-14	7:00		
9-10-14	7:00		
9-11-14	7:00		
9-12-14	7:00		
9-13-14	7:00		
9-14-14	7:00		
9-15-14	7:00		
9-16-14	7:00		
9-17-14	7:00		
9-18-14	6:30		
9-19-14	6:30		
9-20-14	7:00		
9-21-14	7:00		
9-22-14	7:00		
9-23-14	7:00		
9-24-14	7:00		

This form and its contents are strictly **CONFIDENTIAL**

9/03,6/05,8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: M F (circle one)Animal Name: Thaddeus

Bldg #

(b)(4)

Den #

10

Veterinarian:

(b)(6)

Time:

Date:

10-29-2012History: See Record

Sample Collected:

Time:

Date:

Diagnosis/Results:

Prescribed Treatment (specify frequency and duration):

Protein Supplement
BID x 4 FN

TREATMENT

Date	Time of Treatment		Comments	Initials
8-1-14	10:30	200		(b)(6)
8-2-14	200	200		
8-3-14	200	200		
8-4-14	200	200		
8-5-14	200	200		
8-6-14	7:30	2:00		
8-7-14	7:15	2:15		
8-8-14	7:10	2:10		
8-9-14	7:00	2:00		
8-10-14	7:15	2:00		
8-11-14	7:00	2:10		
8-12-14	7:00	2:00		
8-13-14	6:30	2:00		
8-14-14	200	200		
8-15-14	7:00	2:00		
8-16-14	7:00	2:00		
8-17-14	7:00	2:00		
8-18-14	200	200		
8-19-14	10:30	2:15		
8-20-14	6:30	2:00		
8-21-14	10:30	2:15		
8-22-14	10:30	2:15		
8-23-14	6:10	2:15		
8-24-14	6:15	2:15		

This form and its contents are strictly CONFIDENTIAL

9/03,6/0

CHIMPANZEE TREATMENT SHEET

Animal ID: 1560Animal Sex: (M) F (circle one)Animal Name: ThadensBldg # (b)(4)Den # 10Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x UFNEnalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
8-1-14	6:30		(b)(6)
8-2-14	7:00		
8-3-14	7:00		
8-4-14	7:00		
8-5-14	7:00		
8-6-14	6:30		
8-7-14	7:00		
8-8-14	7:00		
8-9-14	7:00		
8-10-14	7:00		
8-11-14	7:00		
8-12-14	7:00		
8-13-14	7:00		
8-14-14	7:00		
8-15-14	7:00		
8-16-14	7:00		
8-17-14	7:00		
8-18-14	7:00		
8-19-14	6:30		
8-20-14	6:30		
8-21-14	6:30		
8-22-14	6:30		
8-23-14	6:30		
8-24-14	6:30		

This form and its contents are strictly **CONFIDENTIAL**9/03,6/05,8/31/12^(over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260

Animal Sex: ☒ M ☐ F (circle one)

Animal Name: Thadens

Bldg # (b)(4)

Den # 10

Veterinarian: (b)(6)

Time: _____

Date: 10-29/2012

History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 81mg Aspirin-low dose
SID x UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
8-1-14	10:30		(b)(6)
8-2-14	7:00		
8-3-14	7:00		
8-4-14	7:00		
8-5-14	7:00		
8-6-14	10:30		
8-7-14	7:00		
8-8-14	7:00		
8-9-14	7:00		
8-10-14	7:00		
8-11-14	7:00		
8-12-14	7:00		
8-13-14	7:00		
8-14-14	7:00		
8-15-14	7:00		
8-16-14	7:00		
8-17-14	7:00		
8-18-14	7:00		
8-19-14	10:30		
8-20-14	10:30		
8-21-14	10:30		
8-22-14	10:50		
8-23-14	6:00		
8-24-14	6:00		

This form and its contents are strictly **CONFIDENTIAL**

9/03,6/05,8/31/12 ^(over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1560Animal Sex: (M) F (circle one)Animal Name: ThadewBldg # (b)(4) Den # 10Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg. SID x UFN
Endoapril

TREATMENT

Date	Time of Treatment	Comments	Initials
7-1-14	7:00		(b)(6)
7-2-14	7:00		
7-3-14	7:00		
7-4-14	7:00		
7-5-14	7:00		
7-6-14	7:00		
7-7-14	7:00		
7-8-14	6:30		
7-9-14	7:00		
7-10-14	7:00		
7-11-14	7:00		
7-12-14	7:00		
7-13-14	7:00		
7-14-14	6:30		
7-15-14	7:00		
7-16-14	7:00		
7-17-14	7:00		
7-18-14	7:00		
7-19-14	7:00		
7-20-14	7:00		
7-21-14	7:00		
7-22-14	7:00		
7-23-14	7:00		
7-24-14	7:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260

Animal Sex: ☒ M ☐ F (circle one)

Animal Name: Thadens

Bldg # (b)(4)

Den # 10

Veterinarian: (b)(6)

Time: _____

Date: 10-29/2012

History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 81mg Aspirin-low dose
SID x UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
7-1-14	7:00		(b)(6)
7-2-14	7:00		
7-3-14	7:00		
7-4-14	7:00		
7-5-14	7:00		
7-6-14	7:00		
7-7-14	7:00		
7-8-14	6:30		
7-9-14	6:30		
7-10-14	7:00		
7-11-14	7:00		
7-12-14	7:00		
7-13-14	7:00		
7-14-14	6:30		
7-15-14	7:00		
7-16-14	7:00		
7-17-14	7:00		
7-18-14	7:00		
7-19-14	7:00		
7-20-14	7:00		
7-21-14	7:00		
7-22-14	7:00		
7-23-14	7:00		
7-24-14	7:00		

This form and its contents are strictly **CONFIDENTIAL**

9/03,6/05,8/3/12 (over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: M F (circle one)Animal Name: Shadeus

Bldg #

(b)(4)

Den #

10Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration):

Protein Supplement
BID x UFN

TREATMENT

Date	Time of Treatment		Comments	Initials
7-1-14	7:00	7:00		(b)(6)
7-2-14	2:00	2:00		
7-3-14	7:00	2:00		
7-4-14	7:00	2:00		
7-5-14	7:00	2:00		
7-6-14	7:00	2:00		
7-7-14	7:00	2:00		
7-8-14	7:00	2:00		
7-9-14	7:00	2:00		
7-10-14	7:00	2:00		
7-11-14	7:00	2:00		
7-12-14	7:00	2:00		
7-13-14	7:00	2:00		
7-14-14	6:30	7:00		
7-15-14	7:00	2:00		
7-16-14	7:00	2:00		
7-17-14	7:00	2:00		
7-18-14	7:00	2:00		
7-19-14	7:00	2:00		
7-20-14	7:00	2:00		
7-21-14	7:00	2:00		
7-22-14	7:00	2:00		
7-23-14	7:00	2:00		
7-24-14	7:00	2:00		

This form and its contents are strictly **CONFIDENTIAL**

9/03, 6/05, 8/31/12 (over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: M F (circle one)Animal Name: Thadeus

Bldg #

(b)(4)

Den #

10Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein SupplementBID x UFN

TREATMENT

Date	Time of Treatment		Comments	Initials
10-1-14	7:00	2:00		
10-2-14	7:00	2:00		
10-3-14	6:30	2:00		
10-4-14	6:30	2:00		
10-5-14	6:30	2:00		
10-6-14	6:30	2:00		
10-7-14	6:30	2:00		
10-8-14	6:30	2:00		
10-9-14	7:00	2:00		
10-10-14	7:00	2:00		
10-11-14	7:00	2:00		
10-12-14	7:00	2:00		
10-13-14	7:00	2:00		
10-14-14	7:00	2:00		
10-15-14	7:00	2:00		
10-16-14	6:30	2:00		
10-17-14	6:30	2:00		
10-18-14	6:30	2:00		
10-19-14	7:00	2:00		
10-20-14	7:00	2:00		
10-21-14	7:00	2:00		
10-22-14	7:00	2:00		
10-23-14	7:00	2:00		
10-24-14	6:30	2:00		

This form and its contents are strictly **CONFIDENTIAL**9/03,6/05,8/31/12^(over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1560Animal Sex: (M) (F) (circle one)Animal Name: ThaddeusBldg # (b)(4)Den # 10Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID X UFNEnalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
6-1-14	7:00		(b)(6)
6-2-14	6:30		
6-3-14	6:30		
6-4-14	6:30		
6-5-14	6:30		
6-6-14	6:30		
6-7-14	6:30		
6-8-14	6:30		
6-9-14	7:00		
6-10-14	7:00		
6-11-14	7:00		
6-12-14	7:00		
6-13-14	7:00		
6-14-14	7:00		
6-15-14	7:00		
6-16-14	7:00		
6-17-14	7:00		
6-18-14	6:30		
6-19-14	7:00		
6-20-14	7:00		
6-21-14	7:00		
6-22-14	7:00		
6-23-14	7:00		
6-24-14	6:30		

This form and its contents are strictly **CONFIDENTIAL**9/03,6/05,8/31/12^(over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260
 Animal Name: Thadens
 Veterinarian: (b)(6)
 History: See Record

Animal Sex: ☒ M ☐ F (circle one)

Bldg #

(b)(4)

Den #

Date: 10-29/2012

Time: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 81mg Aspirin-low dose
SID x UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
6-1-14	7:00		(b)(6)
6-2-14	6:30		
6-3-14	6:30		
6-4-14	6:30		
6-5-14	6:30		
6-6-14	6:30		
6-7-14	6:30		
6-8-14	6:30		
6-9-14	7:00		
6-10-14	7:00		
6-11-14	7:00		
6-12-14	7:00		
6-13-14	7:10		
6-14-14	7:00		
6-15-14	7:00		
6-16-14	6:30		
6-17-14	6:30		
6-18-14	6:30		
6-19-14	7:00		
6-20-14	7:00		
6-21-14	7:00		
6-22-14	7:00		
6-23-14	7:10		
6-24-14	6:30		

This form and its contents are strictly **CONFIDENTIAL**

9/03,6/05,8/3/12 (over)

HIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: Thaddeus

Bldg #

Den #

Date: 1-28-2003Veterinarian: (b)(6)

Time: _____

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): 15 mg Enalapril SIDX KFH

TREATMENT

Date	Time of Treatment	Comments
5-1-14	7:00 <u>2:00</u>	
5-2-14	7:00	
5-3-14	7:00	
5-4-14	7:00	
5-5-14	7:00	
5-6-14	7:00	
5-7-14	7:00	
5-8-14	7:00	
5-9-14	7:00	
5-10-14	7:00	
5-11-14	7:00	
5-12-14	7:00	
5-13-14	7:00	
5-14-14	7:00	
5-15-14	6:30	
5-16-14	6:30	
5-17-14	6:30	
5-18-14	6:00	
5-19-14	7:00	
5-20-14	7:00	
5-21-14	7:00	
5-22-14	7:00	
5-23-14	7:00	
5-24-14	7:00	

This form and its contents are strictly CONFIDENTIAL

Recording error
5-14-14

9/03, 6/05, 8/31/12 (over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThadensBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: _____

History: Cardiomyopathy / Nephrotic Syndrome

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): _____

Reduce dosage. Aspirin 81mg - 1 PDSID - AFN

TREATMENT (was 3 tabs SID)

Date	Time of Treatment	AM/PM	Comments	Initials
5-1-14	7:00	AM		(b)(6)
5-2-14	7:00			
5-3-14	7:00			
5-4-14	7:00			
5-5-14	7:00			
5-6-14	7:00			
5-7-14	7:00			
5-8-14	7:00			
5-9-14	7:00			
5-10-14	7:00			
5-11-14	7:00			
5-12-14	7:00			
5-13-14	7:00			
5-14-14	7:00			
5-15-14	6:30			
5-16-14	6:30			
5-17-14	6:30			
5-18-14	7:00			
5-19-14	7:00			
5-20-14	7:00			
5-21-14	7:00			
5-22-14	7:00			
5-23-14	7:00			
5-24	7:00			

This form and its contents are strictly CONFIDENTIAL

Recording error(over)
9/03, 6/05

(b)(6)

5-1-14

Obtained by Rise for Animals.

Uploaded to Animal Research Laboratory Overview (ARLO) on 12/17/2020

IMPANZEE TREATMENT SHEET

Animal ID: 1560Animal Sex: (M) F (circle one)Animal Name: Thaddeus

Bldg #

(b)(4)

Den #

10

Veterinaria

(b)(6)

Time:

Date: 1-28-2003

History:

Sample Collected:

Time:

Date:

Diagnosis/Results:

See Record

Prescribed Treatment (specify frequency and duration):

Protein Supp. BID XLUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
5-1-14	7:00	2:00		(b)(6)
5-2-14	7:00	2:00		
5-3-14	7:00	2:00		
5-4-14	7:00	2:00		
5-5-14	7:00	2:00		
5-6-14	7:00	2:00		
5-7-14	7:00	2:00		
5-8-14	7:00	2:00		
5-9-14	7:00	2:00		
5-10-14	7:00	2:00		
5-11-14	7:00	2:00		
5-12-14	7:00	2:00		
5-13-14	7:00	2:00		
5-14-14	7:00	2:00		
5-15-14	6:30	2:00		
5-16-14	6:30	2:00		
5-17-14	6:30	2:00		
5-18-14	6:00	2:00		
5-19-14	7:00	2:00		
5-20-14	7:00	2:00		
5-21-14	7:00	2:00		
5-22-14	7:00	2:00		
5-23-14	7:00	2:00		
5-24	7:00	2:00		

This form and its contents are strictly CONFIDENTIAL

9/03,6/05,8/31/12 (over)

IMPANZEE TREATMENT SHEET

Animal ID: 1360Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)Den # 10Veterinaria (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): Protein Supp. BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
4-1-14	6:30	2:00		(b)(6)
4-2-14	6:30	2:00		
4-3-14	6:30	2:00		
4-4-14	6:30	2:00		
4-5-14	6:30	2:00		
4-6-14	6:30	2:00		
4-7-14	7:00	2:00		
4-8-14	7:00	2:00		
4-9-14	7:00	2:00		
4-10-14	7:00	2:00		
4-11-14	7:00	2:00		
4-12-14	7:00	2:00		
4-13-14	7:00	2:00		
4-14-14	7:00	2:00		
4-15-14	6:30	2:00		
4-16-14	6:30	2:00		
4-17-14	6:30	2:00		
4-18-14	7:00	2:00		
4-19-14	7:00	2:00		
4-20-14	7:00	2:00		
4-21-14	7:00	2:00		
4-22-14	6:30	2:00		
4-23-14	6:30	2:00		
4-24-14	6:30	2:00		

This form and its contents are strictly CONFIDENTIAL

9/03,6/05,8/31/12 (over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex ☒ M ☐ F (circle one)Animal Name: Thaddeus

Bldg #

(b)(4)

Den #

Veterinarian: [Signature]

Time: _____

Date: _____

History: Cardiomyopathy / Nephrotic Syndrome

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): _____

Reduce dosage. Aspirin 8mg - 1 PO SID - AFN
TREATMENT (was 3 tabs SID)

Date	Time of Treatment AM/PM	Comments	Initials
4-1-14	6:30		(b)(6)
4-2-14	6:30		
4-3-14	6:30		
4-4-14	6:30		
4-5-14	6:30		
4-6-14	6:30		
4-7-14	7:00		
4-8-14	7:00		
4-9-14	7:00		
4-10-14	7:00		
4-11-14	7:00		
4-12-14	7:00		
4-13-14	7:00		
4-14-14	7:00		
4-15-14	6:30		
4-16-14	6:30		
4-17-14	6:30		
4-18-14	7:00		
4-19-14	7:00		
4-20-14	7:00		
4-21-14	7:00		
4-22-14	7:00		
4-23-14	7:00		
4-24-14	6:30		

This form and its contents are strictly CONFIDENTIAL

(over)
9/03,6/05

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThidensBldg: (b)(4)Den #: 10Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): 15 mg Enalapril SIDX KFH

TREATMENT

Date	Time of Treatment	Comments	Initials
4-1-14	6:30		(b)(6)
4-2-14	6:30		
4-3-14	6:30		
4-4-14	6:30		
4-5-14	6:30		
4-6-14	6:30		
4-7-14	7:00		
4-8-14	7:10		
4-9-14	7:00		
4-10-14	7:00		
4-11-14	7:00		
4-12-14	7:00		
4-13-14	7:00		
4-14-14	7:00		
4-15-14	6:30		
4-16-14	6:30		
4-17-14	6:30		
4-18-14	7:00		
4-19-14	7:00		
4-20-14	7:00		
4-21-14	7:00		
4-22-14	7:10		
4-23-14	7:10		
4-24-14	6:30		

This form and its contents are strictly CONFIDENTIAL

9/03,6/05,8/31/12 (over)

HIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)Den # 10Veterinarian (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): 15 mg Enalapril SID
X 14 FH

TREATMENT

Date	Time of Treatment	Comments	Initials
3-1-14	7:00		(b)(6)
3-2-14	7:00		
3-2-14	200		
3-4-14	700		
3-5-14	700		
3-6-14	7:00		
3-7-14	700		
3-8-14	700		
3-9-14	700		
3-10-14	7:00		
3-11-14	7:00		
3-12-14	700		
3-13-14	7:00		
3-14-14	7:00		
3-15-14	7:00		
3-16-14	6:00		
3-17-14	7:00		
3-18-14	7:00		
3-19-14	700		
3-20-14	700		
3-21-14	700		
3-22-14	7:00		
3-23-14	7:00		
3-24-14	7:00		

This form and its contents are strictly CONFIDENTIAL

9/03,6/05,8/31/12 (over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: Thaddeus

Bldg #

(b)(4)

Den #

Veterinarian: [Signature]

Time:

Date:

History: Cardiomegaly / Psychotic Syndrome

Sample Collected:

Time:

Date:

Diagnosis/Results:

Prescribed Treatment (specify frequency and duration):

Reduce dosage. Aspirin 8mg - 1 PO SID - UFN

TREATMENT (was 3 tabs SID)

Date	Time of Treatment AM/PM	Comments	Initials
3-1-14	7:00		(b)(6)
3-2-14	7:00		
3-3-14	7:00		
3-4-14	7:00		
3-5-14	7:00		
3-6-14	7:00		
3-7-14	7:00		
3-8-14	7:00		
3-9-14	7:00		
3-10-14	7:00		
3-11-14	7:00		
3-12-14	7:00		
3-13-14	7:00		
3-14-14	7:00		
3-15-14	7:00		
3-16-14	7:00		
3-17-14	7:00		
3-18-14	7:00		
3-19-14	7:00		
3-20-14	7:00		
3-21-14	7:00		
3-22-14	7:00		
3-23-14	7:00		
3-24-14	7:00		

This form and its contents are strictly CONFIDENTIAL

(over)
9/03/6/05

IMPANZEE TREATMENT SHEET

Animal ID: 1360Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)Den # 10Veterinaria (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): Protein Supp. BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
3-1-14	7:00	2:00		(b)(6)
3-2-14	7:00	2:00		
3-3-14	700	200		
3-4-14	700	200		
3-5-14	700	200		
3-6-14	7:00	2:00		
3-7-14	700	200		
3-8-14	700	200		
3-9-14	700	200		
3-10-14	7:00	2:00		
3-11-14	7:00	2:00		
3-12-14	700	200		
3-13-14	7:00	2:00		
3-14-14	7:00	2:00		
3-15-14	7:00	2:00		
3-16-14	7:00	2:00		
3-17-14	7:00	2:00		
3-18-14	7:00	2:00		
3-19-14	700	200		
3-20-14	700	200		
3-21-14	700	200		
3-22-14	7:00	2:00		
3-23-14	7:00	2:00		
3-24-14	7:00	2:00		

This form and its contents are strictly CONFIDENTIAL.

9/03,6/05,8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThadensBlag # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: _____

History: Cardiomegaly / Nephrotic Syndrome

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): _____

Reduce dosage. Aspirin 81mg - 1 POSID - AFN
TREATMENT (was 3 tabs SID)

Date	Time of Treatment AM/PM	Comments	Initials
2-1-14	6:00		(b)(6)
2-2-14	7:00		
2-3-14	7:00		
2-4-14	7:00		
2-5-14	7:00		
2-6-14	7:00		
2-7-14	7:00		
2-8-14	7:00		
2-9-14	7:00		
2-10-14	7:00		
2-11-14	7:00		
2-12-14	7:00		
2-13-14	6:30		
2-14-14	7:00		
2-15-14	7:00		
2-16-14	7:00		
2-17-14	7:00		
2-18-14	7:00		
2-19-14	7:00		
2-20-14	7:00		
2-21-14	7:00		
2-22-14	7:00		
2-23-14	7:00		
2-24-14	7:00		

This form and its contents are strictly **CONFIDENTIAL**(over)
9/03,6/05

HIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThadousBldg # (b)(4)Den # 10Veterinarian (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): 15 mg Enthalol SID
X 14 FH

TREATMENT

Date	Time of Treatment	Comments	Initials
2-1-14	6:10		(b)(6)
2-2-14	7:10		
2-3-14	7:10		
2-4-14	700		
2-5-14	700		
2-6-14	700		
2-7-14	700		
2-8-14	700		
2-9-14	900		
2-10-14	7:10		
2-11-14	7:00		
2-12-14	700		
2-13-14	6:30		
2-14-14	7:00		
2-15-14	7:00		
2-16-14	7:00		
2-17-14	7:00		
2-18-14	700		
2-19-14	7:00		
2-20-14	7:10		
2-21-14	7:10		
2-22-14	7:10		
2-23-14	7:00		
2-24-14	7:00		

This form and its contents are strictly CONFIDENTIAL

9/03, 8/05, 8/31/12 (over)

IMPANZEE TREATMENT SHEET

Animal ID: 1560Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)Den # 10Veterinarian (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): Protein Supp. BID XLFN

TREATMENT

Date	Time of Treatment		Comments	Initials
2-1-14	10:00	2:00		(b)(6)
2-2-14	7:00	2:00		
2-3-14	7:00	2:00		
2-4-14	7:00	2:00		
2-5-14	7:00	2:00		
2-6-14	7:00	2:00		
2-7-14	7:00	2:00		
2-8-14	7:00	2:00		
2-9-14	7:00	2:00		
2-10-14	7:00	2:00		
2-11-14	7:00	2:00		
2-12-14	7:00	2:00		
2-13-14	2:30	2:00		
2-14-14	7:00	2:00		
2-15-14	7:00	2:00		
2-16-14	7:00	2:00		
2-17-14	7:00	2:00		
2-18-14	7:00	2:00		
2-19-14	7:00	2:00		
2-20-14	7:00	2:00		
2-21-14	7:00	2:00		
2-22-14	7:00	2:00		
2-23-14	7:00	2:00		
2-24-14	7:00	2:00		

This form and its contents are strictly CONFIDENTIAL

9/03,6/05,8/31/12 (over)

IMPANZEE TREATMENT SHEET

Animal ID: 1560Animal Sex: M F (circle one)Animal Name: ThaddeusBldg # (b)(4)Den # 10Veterinaria (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): Protein Supp. BID X 4 EN

TREATMENT

Date	Time of Treatment		Comments	Initials
1-1-14	7:00	2:00		(b)(6)
1-2-14	7:00	2:00		
1-3-14	7:00	2:00		
1-4-14	7:00	2:00		
1-5-14	7:00	2:00		
1-6-14	7:00	2:00		
1-7-14	7:00	2:00		
1-8	7:00	2:00		
1-9	7:00	2:00		
1-10	7:00	2:00		
1-11	7:00	2:00		
1-12	7:00	2:00		
1-13	7:00	2:00		
1-14	7:00	2:00		
1-15	7:00	2:00		
1-16	7:00	2:00		
1-17	7:00	2:00		
1-18	7:00	2:00		
1-19	7:00	2:00		
1-20	7:00	2:00		
1-21	7:00	2:00		
1-22	7:00	2:00		
1-23	7:00	2:00		
1-24	7:00	2:00		

This form and its contents are strictly CONFIDENTIAL

9/03,6/05,8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260 Animal Sex: (M) F (circle one)
 Animal Name: Thadens Bldg # (b)(4) Den #
 Veterinarian: (b)(6) Time: Date:
 History: Cardiomegaly / Nephrotic Syndrome
 Sample Collected: Time: Date:
 Diagnosis/Results:

Prescribed Treatment (specify frequency and duration):

Reduce dosage. Aspirin 81mg - 1 PDSID - UFN
TREATMENT (was 3 tabs SID)

Date	Time of Treatment AM/PM	Comments	Initials
1-1-14	7:40		(b)(6)
1-2-14	7:00		
1-3-14	7:00		
1-4-14	7:00		
1-5-14	7:00		
1-6-14	7:00		
1-7-14	7:00		
1-8-14	7:00		
1-9-14	7:00		
1-10-14	7:00		
1-11-14	7:00		
1-12-14	7:00		
1-13-14	7:00		
1-14-14	7:00		
1-15-14	7:00		
1-16-14	7:00		
1-17-14	7:00		
1-18-14	7:00		
1-19-14	7:00		
1-20-14	7:00		
1-21-14	7:00		
1-22-14	7:00		
1-23-14	7:00		
1-24-14	7:00		

This form and its contents are strictly **CONFIDENTIAL**

(over)
9/03,6/05

HIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThadousBldg # (b)(4)Den # 10Veterinarian (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): 15 mg Enalapril SID
X UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
1-1-14	7:16		(b)(6)
1-2-14	7:00		
1-3-14	7:00		
1-4-14	7:00		
1-5-14	7:00		
1-6-14	7:00		
1-7	7:16		
1-8	7:00		
1-9	7:00		
1-10	7:16		
1-11	7:16		
1-12	7:16		
1-13	7:00		
1-14	7:16		
1-15	7:00		
1-16	7:00		
1-17	7:00		
1-18	7:00		
1-19	7:00		
1-20	7:00		
1-21	7:16		
1-22	7:00		
1-23	7:16		
1-24	7:00		

This form and its contents are strictly CONFIDENTIAL

9/03,6/05,8/31/12

INDIVIDUAL WEIGHTS -- DEWORMING -- VACCINATIONS

Animal Number: 1260	Name: Thadens	Sex: (M) F X
DOB: 11-4-1982	Age:	Location: Building (b)(4) Den 10

YEAR 2013

WEIGHTS BY MONTH		
Date (00/00/00)	Weight	Initials
1-16-13	51.5	(b)(6)
4-3-13	50.5	
6-4-13	51.5	
9-19-13	49.5	

VACCINATIONS & OTHER			
Q3YR RABIES: Imrab 3; Route SQ; Dose Amount 1ml			
Q5YR TETANUS TOXOID: Route IM; Dose Amount 0.5ml			
Date (00/00/00)	Manufacturer/Type/ Route/Dose Amount	Serial #	Initials

DEWORMING							
Type = Panacur or Ivermectin ; Route = Per Os, IM, SQ ; Panacur Dose=1ml per 10 kg; Ivermectin Dose=0.2mg per kg							
Type: Panacur Lot# E092A01 EXP 2/14				Type: Panacur Lot# E092A01 EXP 2/14			
First Dose Date	Dose Amount	Route	Initials	Second Dose Date	Dose Amount	Route	Initials
8-9-13	6.0ml	PO	(b)(6)	8-23-13	6.0ml	PO	(b)(6)
Type:				Type:			
First Dose Date	Dose Amount	Route	Initials	Second Dose Date	Dose Amount	Route	Initials
Type:				Type:			
First Dose Date	Dose Amount	Route	Initials	Second Dose Date	Dose Amount	Route	Initials

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)Den # 10Veterinaria (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): Protein Supp. BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
12-1	700	200		(b)(6)
12-2-13	7:10	2:10		
12-3-13	7:10	2:10		
12-4-13	7:10	2:10		
12-5-13	7:10	2:10		
12-6-13	7:10	2:00		
12-7-13	7:00	2:00		
12-8-13	7:00	2:00		
12-9-13	200	200		
12-10-13	7:10	2:10		
12-11-13	7:00	2:10		
12-12-13	700	200		
12-13-13	700	200		
12-14-13	700	200		
12-15-13	700	200		
12-16-13	7:10	2:10		
12-17-13	7:10	2:10		
12-18-13	7:10	2:10		
12-19-13	7:10	2:10		
12-20-13	700	200		
12-21-13	7:10	2:10		
12-22-13	7:10	2:10		
12-23-13	700	200		
12-24-13	700	200		

This form and its contents are strictly CONFIDENTIAL

9/03,6/05,8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: Thadano

Bldg #

(b)(4)

Den #

10

Veterinarian

(b)(6)

Time:

Date:

1-28-2003

History:

Sample Collected:

Time:

Date:

Diagnosis/Results:

See Record

Prescribed Treatment (specify frequency and duration):

15 mg Enalapril SIDX UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
12-1	7:00		(b)(6)
12-2-13	7:10		
12-3-13	7:00		
12-4-13	7:00		
12-5-13	7:00		
12-6-13	7:10		
12-7-13	7:00		
12-8-13	7:00		
12-9-13	7:00		
12-10-13	7:10		
12-11-13	7:10		
12-12-13	7:00		
12-13-13	7:00		
12-14-13	7:00		
12-15-13	7:00		
12-16-13	7:10		
12-17-13	7:10		
12-18-13	7:10		
12-19-13	7:00		
12-20-13	7:00		
12-21-13	7:10		
12-22-13	7:10		
12-23-13	7:00		
12-24-13	7:00		

This form and its contents are strictly CONFIDENTIAL

9/03,6/05,8/31/12 (over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: _____

History: Cardiomegaly / Nephrotic Syndrome

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): _____

Reduce dosage. Aspirin 81mg - 1 PO SID - UFN
TREATMENT (was 3 tabs SID)

Date	Time of Treatment AM/PM	Comments	Initials
12-1-13	7:00		(b)(6)
12-2-13	7:00		
12-3-13	7:00		
12-4-13	7:00		
12-5-13	7:00		
12-6-13	7:00		
12-7-13	7:00		
12-8-13	7:00		
12-9-13	7:00		
12-10-13	7:00		
12-11-13	7:00		
12-12-13	7:00		
12-13-13	7:00		
12-14-13	7:00		
12-15-13	7:00		
12-16-13	7:00		
12-17-13	7:00		
12-18-13	7:00		
12-19-13	7:00		
12-20-13	7:00		
12-21-13	7:00		
12-22-13	7:00		
12-23-13	7:00		
12-24-13	7:00		

This form and its contents are strictly **CONFIDENTIAL**(over)
9/03, 6/05

IMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)Den # 10Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): Protein Supp. BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
11-1-13	7:00	2:00		(b)(6)
11-2-13	7:00	2:00		
11-3-13	7:00	2:00		
11-4-13	7:00	2:00		
11-5-13	7:00	2:00		
11-6-13	7:00	2:00		
11-7-13	7:00	2:00		
11-8-13	7:00	2:00		
11-9-13	7:00	2:00		
11-10-13	7:00	2:00		
11-11-13	7:00	2:00		
11-12-13	7:00	2:00		
11-13-13	7:00	2:00		
11-14-13	7:00	2:00		
11-15-13	7:00	2:00		
11-16-13	7:00	2:00		
11-17-13	7:00	2:00		
11-18-13	7:00	2:00		
11-19-13	7:00	2:00		
11-20-13	7:00	2:00		
11-21-13	7:00	2:00		
11-22-13	7:00	2:00		
11-23-13	7:00	2:00		
11-24-13	7:00	2:00		

This form and its contents are strictly CONFIDENTIAL

9/03,6/05,8/31/12 (over)

HIMPANZEE TREATMENT SHEET

Animal ID: 1560Animal Sex: (M) F (circle one)Animal Name: ThadousBldg # (b)(4)Den # 10Veterinarian (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): 15 mg Enalapril SID
X UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
11-1-13	200		(b)(6)
11-2-13	200		
11-3-13	200		
11-4-13	200		
11-5-13	7:00		
11-6-13	7:00		
11-7-13	200		
11-8-13	7:00		
11-9-13	7:00		
11-10-13	7:00		
11-11-13	7:00		
11-12-13	200		
11-13-13	200		
11-14-13	200		
11-15-13	200		
11-16-13	7:00		
11-17-13	7:00		
11-18-13	7:00		
11-19-13	7:00		
11-20-13	7:00		
11-21-13	200		
11-22-13	2:00		
11-23-13	200		
11-24-13	200		

This form and its contents are strictly **CONFIDENTIAL**

9/03,6/05,8/31/12 (over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThadensBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: _____

History: Cardiomegaly / Nephrotic Syndrome

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): _____

Reduce dosage. Aspirin 81mg - 1 PO SID - UFN
TREATMENT (was 3 tabs SID)

Date	Time of Treatment AM/PM	Comments	Initials
11-1-13	7:00		(b)(6)
11-2-13	7:00		
11-3-13	7:00		
11-4-13	7:00		
11-5-13	7:00		
11-6-13	7:00		
11-7-13	7:00		
11-8-13	7:00		
11-9-13	7:00		
11-10-13	7:00		
11-11-13	7:00		
11-12-13	7:00		
11-13-13	7:00		
11-14-13	7:00		
11-15-13	7:00		
11-16-13	7:00		
11-17-13	7:00		
11-18-13	7:00		
11-19-13	7:00		
11-20-13	7:00		
11-21-13	7:00		
11-22-13	7:00		
11-23-13	7:00		
11-24-13	7:00		

This form and its contents are strictly **CONFIDENTIAL**(over)
9/03,6/05

CHIMPANZEE TREATMENT SHEET

Animal ID: 1360

Animal Sex: (M) F (circle one)

Animal Name: Thaddeus

Bldg # (b)(4)

Den # 10

Veterinaria (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: See Record

Prescribed Treatment (specify frequency and duration): Protein Supp. BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
10-1-13	7:00	2:00		(b)(6)
10-2-13	7:00	2:00		
10-3-13	7:00	2:00		
10-4-13	7:00	2:00		
10-5-13	7:00	2:00		
10-6-13	7:00	2:00		
10-7-13	7:00	2:00		
10-8-13	7:00	2:00		
10-9-13	7:00	2:00		
10-10-13	7:00	2:00		
10-11-13	7:00	2:00		
10-12-13	7:00	2:00		
10-13-13	7:00	2:00		
10-14-13	7:00	2:00		
10-15-13	7:00	2:00		
10-16-13	7:00	2:00		
10-17-13	7:00	2:00		
10-18-13	7:00	2:00		
10-19-13	7:00	2:00		
10-20-13	7:00	2:00		
10-21-13	7:00	2:00		
10-22-13	7:00	2:00		
10-23-13	7:00	2:00		
10-24-13	7:00	2:00		

This form and its contents are strictly **CONFIDENTIAL**

9/03,6/05,8/31/12 (over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1560Animal Sex: (M) F (circle one)Animal Name: ThadousBldg # (b)(4)Den # 10Veterinarian (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): 15 mg Enalapril SID
X UEN

TREATMENT

Date	Time of Treatment	Comments	Initials
10-1-13	7:16		(b)(6)
10-2-13	7:00		
10-3-13	7:16		
10-4-13	7:00		
10-5-13	7:00		
10-6-13	7:00		
10-7-13	7:11		
10-8-13	7:16		
10-9-13	7:16		
10-10-13	7:00		
10-11-13	7:00		
10-12-13	7:00		
10-13-13	7:00		
10-14-13	7:00		
10-15-13	7:00		
10-16-13	7:00		
10-17-13	7:16		
10-18-13	7:16		
10-19-13	7:16		
10-20-13	7:00		
10-21-13	7:00		
10-22-13	7:00		
10-23-13	7:00		
10-24-13	7:00		

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9/03, 6/05, 8/31/12 (over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260 Animal Sex: (M) F (circle one)
 Animal Name: Thadens Bldg # (b)(4) Den #
 Veterinarian: (b)(6) Time: Date:
 History: Cardiomegaly / Nephrotic Syndrome
 Sample Collected: Time: Date:
 Diagnosis/Results:

Prescribed Treatment (specify frequency and duration):

Reduce dosage. Aspirin 81mg - 1 POSID - AFN
TREATMENT (was 3 tabs SID)

Date	Time of Treatment AM/PM	Comments	Initials
10-1-13	7:00		(b)(6)
10-2-13	7:00		
10-3-13	7:00		
10-4-13	7:00		
10-5-13	7:00		
10-6-13	7:00		
10-7-13	7:00		
10-8-13	7:00		
10-9-13	7:00		
10-10-13	7:00		
10-11-13	7:00		
10-12-13	7:00		
10-13-13	7:00		
10-14-13	7:00		
10-15-13	7:00		
10-16-13	7:00		
10-17-13	7:00		
10-18-13	7:00		
10-19-13	7:00		
10-20-13	7:00		
10-21-13	7:00		
10-22-13	7:00		
10-23-13	7:00		
10-24-13	7:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1560

Animal Sex: (M) F (circle one)

Animal Name: Thaddeus

Bldg # (b)(4)

Den # 10

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: See Record

Prescribed Treatment (specify frequency and duration): Protein Supp. BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
9-1-13	7:00	2:00		(b)(6)
9-2-13	7:00	2:00		
9-3-13	7:00	2:00		
9-4-13	7:00	2:10		
9-5-13	7:10	2:10		
9-6-13	7:10	2:10		
9-7-13	7:10	2:10		
9-8-13	7:10	2:10		
9-9-13	7:10	2:10		
9-10-13	7:10	2:10		
9-11-13	7:10	2:10		
9-12-13	7:00	2:00		
9-13-13	7:00	2:00		
9-14-13	7:00	2:00		
9-15-13	7:00	2:00		
9-16-13	7:10	2:10		
9-17-13	7:10	2:10		
9-18-13	7:00	2:00		
9-19-13	7:10	2:10		
9-20-13	7:10	2:00		
9-21-13	7:00	2:00		
9-22-13	7:00	2:00		
9-23-13	7:00	2:00		
9-24-13	7:10	2:00		

This form and its contents are strictly **CONFIDENTIAL**

9/03,6/05,8/31/12 ^(over)

C. IMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThadousBldg # (b)(4)Den # 10Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): 15 mg Enalapril SID
X UEN

TREATMENT

Date	Time of Treatment	Comments	Initials
9-1-13	7:00		(b)(6)
9-2-13	7:00		
9-3-13	7:00		
9-4-13	7:00		
9-5-13	7:00		
9-6-13	7:00		
9-7-13	7:00		
9-8-13	7:00		
9-9-13	7:00		
9-10-13	7:00		
9-11-13	7:00		
9-12-13	7:00		
9-13-13	7:00		
9-14-13	7:00		
9-15-13	7:00		
9-16-13	7:00		
9-17-13	7:00		
9-18-13	7:00		
9-19-13	7:00		
9-20-13	7:00		
9-21-13	7:00		
9-22-13	7:00		
9-23-13	7:00		
9-24-13	7:00		

This form and its contents are strictly CONFIDENTIAL

(over)
9/03,6/05,8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M F (circle one)Animal Name: ThadeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: _____

History: Cardiomegaly/Nephrotic Syndrome

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): _____

Reduce dosage. Aspirin 81mg - 1 PO SID - UFN

TREATMENT (was 3 tabs SID)

Date	Time of Treatment AM/PM	Comments	Initials
9-1-13	7:00		(b)(6)
9-2-13	7:00		
9-3-13	7:00		
9-4-13	7:00		
9-5-13	7:00		
9-6-13	7:00		
9-7-13	7:00		
9-8-13	7:00		
9-9-13	7:00		
9-10-13	7:00		
9-11-13	7:00		
9-12-13	7:00		
9-13-13	7:00		
9-14-13	7:00		
9-15-13	7:00		
9-16-13	7:00		
9-17-13	7:00		
9-18-13	7:00		
9-19-13	7:00		
9-20-13	7:00		
9-21-13	7:00		
9-22-13	7:00		
9-23-13	7:00		
9-24-13	7:00		

This form and its contents are strictly **CONFIDENTIAL**(over)
9/03/05

PHYSICAL EXAMINATION

Date 9/19/13	Infectious Status HCV carrier	Age - Years 31		Last Wt. (kg) 51.5	BCS 3		
ID Number 1560	Name Thomson	DOB 11-4-82	Sex (M) F X	Wt (kg) 49.5			
Anesthetic/Sedation -- see Physical Exam Sedation Record and/or Anesthesia Monitoring Record							
Temp. (F) 101.7	Heart Rate (Beats/Min) 86-91	Resp (resp/min) 24	SpO ₂ 98-99	Blood Pressure 115-38, 110-38 134-61			
Parameters Examined							
Only one observation is checked for each system; all others are "NA" - not applicable							
System	Abnormal	Normal	Not observed	System	Abnormal	Normal	Not Observed
1. Integument		✓		7. Neurologic		✓	
2. Respiratory		✓		8. Musculoskeletal		✓	
3. Cardiovascular 2/5	✓			9. Lymphatic		✓	
4. Gastrointestinal		✓		10. Endocrine	✓		
5. Urogenital	✓			11. Special Senses		✓	
6. Cycle Stage/ Reproductive				12. CBC/CHEM			
Comments by number: (3) 2/5 systolic murmur, Echocardi: LVH, mild TR/MR, thickened mitral & Aortic Valve (5) No left testicle (10) slightly enlarged lipids Hx of hepatic amyloidosis & nephrotic syndrome (12) CBL: WNL, CHEM: Alb 3.0, ALP 235, Tbili 0.7, Phos 4.7, Na 131, K 6.1, Glob 5.3							
Master Problem List: Hepatic Amyloidosis, Nephrotic Syndrome, HCV carrier murmur 2/5, LVH, Valve dz.							
Differential Diagnosis:							

SUBMITTING (Only those items checked were submitted; others are "NA" - not applicable)

☒ SMA ☒ TB test (R) L eye ☒ Radiographs
☒ CBC ☐ Fecal O&P ☒ ECG
☐ Coagulation ☐ Fecal Culture ☒ U/S
☐ Urinalysis ☒ Occult Blood (Feces) ☐ Other (List):
☐ Blood Culture ☒ Perianal Tape Test

BLOOD TUBES

1 10ml SST
 1 3ml Lithium Heparin
 1 3ml EDTA

TREATMENT: O₂ ☒

Continued: Enalapril 15mg SID, Aspirin 81mg SID

HEALTH ASSESSMENT: Good (Fair) Poor

RISK: Normal At Risk (High Risk)

Signature: Date: 9/19/13

CARDIAC EVALUATION

NUMBER/NAME: Thadeus 1260AGE: 31DATE: 9/19/13SEX: MWEIGHT: 49.5ANESTHETIC: Telazol

History:

Monitoring heart for possible cardiomyopathy
Hepatic angiodysplasia + glomerular nephrosis

Current Meds:

Enalapril - 15 mg SID
Aspirin

Physical Examination:

Thoracic radiographs:

Date:

Electrocardiogram-- HR PR QRS QT R_{II}
Rhythm Sinus

Echocardiogram:

LVIDd (cm): 4.4LVIDs (cm): 2.8SF (%): 36IVS (cm): 1.5PW (cm): 1.7AO (cm): 2.4LA (cm): 3.8

EPSS (cm):

LA (Long axis): 3.0

RA (Long axis):

PA Flow: 1.5 m/sAO Flow: 1.94 m/sMitral E - 0.67 m/sA - 0.55 m/s

LVH

Systolic function maintained

Mild TR, MR

Thickened Mitral valve chordae
valve

Diagnosis:

1° valve dz vs. cardiomyopathy

Recommendations:

- ① Cont. Meds as previously.
- ② Exams every 2 years

PHYSICAL EXAM SEDATION RECORDAnimal number/name: 1260 Thaddeus Weight (kg): 51.5 Date: 9-19-2013Sedation Method: dart / injectionVeterinarian:

(b) (6)

0
↓

↓

↓

Injection Induction (down) Recovery (able to sit up)

Time: 9:50 (am) / pm Time: 9:59 (am) / pm Time: 10:58 (am) / pm

Initial Dosage (ml) Telazol: 1.5 (The standard dose is 3 mg/kg, IM)Supplements (ml) Telazol/Ketamine: 10:10 (am) / pm 0.5 IM (IV)

Supplements (ml) Telazol/Ketamine: _____ am / pm _____ IM / IV

Supplements (ml) Telazol/Ketamine: _____ am / pm _____ IM / IV

Current Weight (kg): 49.5

Re-tattoo

Y

N

COMMENTS: _____

TUBERCULOSIS TEST READING SCHEDULE

Location: (b)(4)

Date Administered: 9-19-20

Veterinarian: (b)(6)

Site of Injection: R Eye ☒ L Eye ☐

Lot #: 438X

Exp Date: 4-27-2014

Animal Number/Name	Sex	Weight (kgs)	Age	GRADE*			Reader's Initials
				24 hrs	48 hrs	72 hrs	
911 Kenstra	m	84.5		0	0	0	(b)(6)
934 Emilio	m	53		0	0	0	
180623 Fred	m	54.0		0	0	0	
1148 Cedric	m	89.5		0	0	0	
941 Daniel	m	47.5		0	0	0	(b)(6)
1260 Thomas	m	49.5		0	0	0	

*Grade	Reaction	Result
0	No visible change	Negative
1 (+)	Bruising	Negative
2 (+)	Various degrees of erythema w/o swelling	Negative
3 (+)	Various degrees of erythema with minimal swelling or slight swelling without erythema	Suspect
4 (+)	Obvious swelling of the palpebrum with drooping of the eyelid and various degrees of erythema (May appear pustular/exudates)	Positive
5 (+)	Eye closed, swelling and/or necrosis	Positive

DENTITION RECORD

DATE: 9/19/13

ANIMAL NAME: Thaddeus ANIMAL NO. 1260

	Right								Left							
	M3	M2	M1	PM2	PM1	C	I2	I1	I1	I2	C	PM1	PM2	M1	M2	M3
Upper							X	B								
Lower																

Blank space = tooth present

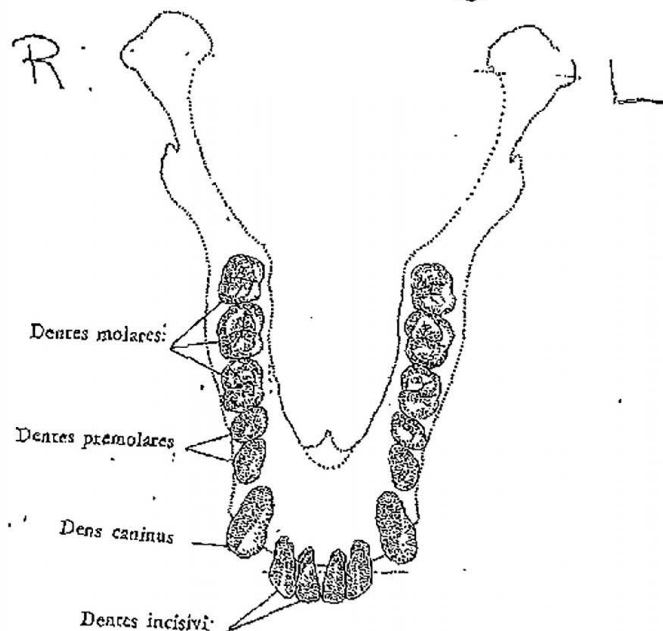
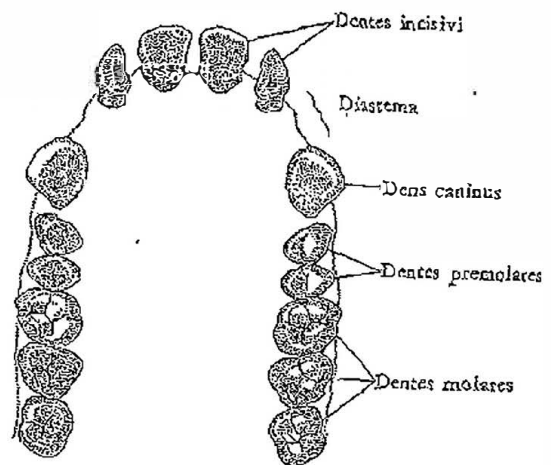
X = tooth missing

B = Tooth broken

D = Present but diseased

Comments:

Ru I-1 - broken tip - no
pulp exposure



DO NOT FEED

Remove Feed from animals the afternoon / evening of 9-18-13
 at approximately 2:00 am / pm.

Do Not Feed the morning of 9-19-13

Building/Room (b)(4) Den 7 & 10

DO NOT FEED the following animals as directed above:

Animal Identification	Time Feed Pulled		Time Animals Fed		Comments
	(AM/PM)	Initial/Date	(AM/PM)	Initial/Date	
911 Veenstra	2:00pm	(b)(6) 9/18/13	5:00 pm	(b)(6) 9/19	
934 Emilio	2:00pm	↓	↓	↓	
1148 Cedric	2:00pm	↓	↓	↓	
GB0673 Fred	2:00pm	↓	↓	↓	
941 Daniel	2:00pm	(b)(6) 9/18/13	5:00 pm	(b)(6) 9/19	
1260 Thaddeus	2:00pm	↓	↓	↓	

NPO = Nothing by mouth -- no food or water

NF = No food -- water okay

C. IMPANZEE TREATMENT SHEET

Animal ID: 1360Animal Sex: (M) F (circle one)Animal Name: ThademoBldg # (b)(4)Den # 10Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): 15 mg Enalapril SID
X 14 FH

TREATMENT

Date	Time of Treatment	Comments	Initials
8-1-13	700		(b)(6)
8-2-13	700		
8-3-13	7:00		
8-4-13	7:00		
8-5-13	700		
8-6-13	700		
8-7-13	7:00		
8-8-13	700		
8-9-13	700		
8-10-13	700		
8-11-13	700		
8-12-13	7:00		
8-13-13	7:00		
8-14-13	7:00		
8-15-13	7:00		
8-16-13	700		
8-17-13	7:00		
8-18-13	7:00		
8-19-13	7:00		
8-20-13	700		
8-21-13	700		
8-22-13	700		
8-23-13	700		
8-24-13	700		

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9/03, 6/05, 8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260 Animal Sex: M F (circle one)
 Animal Name: Thadens Bldg # (b)(4) Den #
 Veterinarian: (b)(6) Time: Date:
 History: Cardiomegaly / Nephrotic Syndrome
 Sample Collected: Time: Date:
 Diagnosis/Results:

Prescribed Treatment (specify frequency and duration):

Reduce dosage. Aspirin 81mg - 1 PO SID - UFN
TREATMENT (was 3 tabs SID)

Date	Time of Treatment AM/PM	Comments	Initials
8-1-13	200		(b)(6)
8-2-13	200		
8-3-13	7:00		
8-4-13	7:00		
8-5-13	200		
8-6-13	200		
8-7-13	7:00		
8-8-13	200		
8-9-13	200		
8-10-13	200		
8-11-13	200		
8-12-13	7:00		
8-13-13	7:00		
8-14-13	7:00		
8-15-13	7:00		
8-16-13	200		
8-17-13	7:00		
8-18-13	7:00		
8-19-13	7:00		
8-20-13	200		
8-21-13	200		
8-22-13	200		
8-23-13	200		
8-24-13	200		

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(over)
9/03/05

CHIMPANZEE TREATMENT SHEET

Animal ID: 1560Animal Sex: M F (circle one)Animal Name: ThaddeusBldg # (b)(4)Den # 10Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: See Record

Prescribed Treatment (specify frequency and duration):

Protein Supp. BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
8-1-13	7:00	2:00		(b)(6)
8-2-13	7:00	2:00		
8-3-13	7:00	2:00		
8-4-13	7:00	2:00		
8-5-13	7:00	2:00		
8-6-13	7:00	2:00		
8-7-13	7:00	2:00		
8-8-13	7:00	2:00		
8-9-13	7:00	2:00		
8-10-13	7:00	2:00		
8-11-13	7:00	2:00		
8-12-13	7:00	2:00		
8-13-13	7:00	2:00		
8-14-13	7:00	2:00		
8-15-13	7:00	2:00		
8-16-13	7:00	2:00		
8-17-13	7:00	2:00		
8-18-13	7:00	2:00		
8-19-13	7:00	2:00		
8-20-13	7:00	2:00		
8-21-13	7:00	2:00		
8-22-13	7:00	2:00		
8-23-13	7:00	2:00		
8-24-13	7:00	2:00		

This form and its contents are strictly **CONFIDENTIAL**

9/03,6/05,8/31/12 (over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260 Animal Sex: (M) F (circle one)
 Animal Name: Thaddeus Bldg # (b)(4) Den #
 Veterinarian: (b)(6) Time: Date:
 History: Cardio negative / Nephrotic Syndrome
 Sample Collected: Time: Date:
 Diagnosis/Results:

Prescribed Treatment (specify frequency and duration):

Reduce dosage. Aspirin 81mg - 1 PDSID - AFN
TREATMENT (was 3 tabs SID)

Date	Time of Treatment AM/PM	Comments	Initials
7-1	700		(b)(6)
7-2	7:00		
7-3-13	7:00		
7-4-13	7:00		
7-5-13	7:00		
7-6-13	7:00		
7-7-13	7:00		
7-8-13	7:00		
7-9-13	7:00		
7-10-13	700		
7-11-13	700		
7-12-13	700		
7-13-13	7:00		
7-14-13	7:00		
7-15-13	700		
7-16-13	7:00		
7-17-13	700		
7-18-13	700		
7-19-13	700		
7-20-13	700		
7-21-13	700		
7-22-13	7:00		
7-23-13	7:00		
7-24-13	7:00		

This form and its contents are strictly **CONFIDENTIAL**

9/03, 8/05

IMPANZEE TREATMENT SHEET

Animal ID: 1360Animal Sex: M F (circle one)Animal Name: ThaddeusBldg: (b)(4)Den # 10Veterinarian: (b)(6)Time: Date: 1-28-2003History: Sample Collected: Time: Date: Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): 15 mg Enalapril SIDX UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
2-1-13	7:00		(b)(6)
2-2-13	7:00		
2-3-13	7:00		
2-4-13	7:00		
2-5-13	7:00		
2-6-13	7:00		
2-7-13	7:00		
2-8-13	7:00		
2-9-13	7:00		
2-10-13	7:00		
2-11-13	7:00		
2-12-13	7:00		
2-13-13	7:00		
2-14-13	7:00		
2-15-13	7:00		
2-16-13	7:00		
2-17-13	7:00		
2-18-13	7:00		
2-19-13	7:00		
2-20-13	7:00		
2-21-13	7:00		
2-22-13	7:00		
2-23-13	7:00		
2-24-13	7:00		

This form and its contents are strictly CONFIDENTIAL

9/03, 6/05, 8/31/12 (over)

IMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: M F (circle one)Animal Name: Thaddeus

Bldg #

Pen #

Date: 1-28-2003Veterinarian: (b)(6)

Time: _____

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): Protein Supp. BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
7-1	7:00	7:00		(b)(6)
7-2	7:00	7:00		
7-3	7:00	7:00		
7-4	7:00	7:00		
7-5	7:00	7:00		
7-6	7:00	7:00		
7-7	7:00	7:00		
7-8	7:00	7:00		
7-9	7:00	7:00		
7-10-13	7:00	7:00		
7-11-13	7:00	7:00		
7-12-13	7:00	7:00		
7-13-13	7:00	7:00		
7-14-13	7:00	7:00		
7-15-13	7:00	7:00		
7-16-13	7:00	7:00		
7-17-13	7:00	7:00		
7-18-13	7:00	7:00		
7-19-13	7:00	7:00		
7-20-13	7:00	7:00		
7-21-13	7:00	7:00		
7-22-13	7:00	7:00		
7-23-13	7:00	7:00		
7-24-13	7:00	7:00		

This form and its contents are strictly CONFIDENTIAL

(over)
9/03, 6/05, 8/31/12

IMPANZEE TREATMENT SHEET

Animal ID: 1260

Animal Sex: (M) F (circle one)

Animal Name: Thaddeus

Bldg # (b)(4)

Den # 10

Veterinaria (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: See Record

Prescribed Treatment (specify frequency and duration): Protein Supp. BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
6-1-13	7:00	2:00		(b)(6)
6-2-13	7:00	2:00		
6-3-13	7:00	2:00		
6-4-13	7:00	2:00		
6-5-13	7:00	2:00		
6-6-13	7:00	2:00		
6-7-13	7:00	2:00		
6-8	7:00	2:00		
6-9	7:00	2:00		
6-10-13	7:00	2:00		
6-11-13	7:00	2:00		
6-12-13	7:00	2:00		
6-13-13	7:00	2:00		
6-14-13	7:00	2:00		
6-15-13	7:00	2:00		
6-16-13	7:00	2:00		
6-17-13	7:00	2:00		
6-18-13	7:00	2:00		
6-19-13	7:00	2:00		
6-20-13	7:00	2:00		
6-21-13	7:00	2:00		
6-22-13	7:00	2:00		
6-23-13	7:00	2:00		
6-24-13	7:00	2:00		

This form and its contents are strictly **CONFIDENTIAL**

9/03,6/05,8/31/12 (over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThadensBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: _____

History: Cardiomegaly / Nephrotic Syndrome

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): _____

Reduce dosage. Aspirin 81mg - 1 PO SID - AFN
TREATMENT (was 3 tabs SID)

Date	Time of Treatment AM/PM	Comments	Initials
6-1-13	7:00		(b)(6)
6-2-13	7:00		
6-3-13	7:00		
6-4-13	7:00		
6-5-13	7:00		
6-6-13	7:00		
6-7-13	7:00		
6-8-13	7:00		
6-9-13	7:00		
6-10-13	7:00		
6-11-13	7:00		
6-12-13	7:00		
6-13-13	7:00		
6-14-13	7:00		
6-15-13	7:00		
6-16-13	7:00		
6-17-13	7:00		
6-18-13	7:00		
6-19-13	7:00		
6-20-13	7:00		
6-21-13	7:00		
6-22-13	7:00		
6-23-13	7:00		
6-24-13	7:00		

(over)
9/03/6/05

This form and its contents are strictly **CONFIDENTIAL**

CHIMPANZEE TREATMENT SHEET

Animal ID: 1560Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg (b)(4)Den # 10Veterinaria (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): 15 mg Enalapril SID
X 14 FH

TREATMENT

Date	Time of Treatment	Comments	Initials
6-1-13	7:00		(b)(6)
6-2-13	7:00		
6-3-13	7:00		
6-4-13	7:00		
6-5-13	7:00		
6-6-13	7:00		
6-7-13	7:00		
6-8	7:00		
6-9	7:00		
6-10-13	7:00		
6-11-13	7:00		
6-12-13	7:00		
6-13-13	7:00		
6-14-13	7:00		
6-15-13	7:00		
6-16-13	7:00		
6-17-13	7:00		
6-18-13	7:00		
6-19-13	7:00		
6-20-13	7:00		
6-21-13	7:00		
6-22-13	7:00		
6-23-13	7:00		
6-24-13	7:00		

This form and its contents are strictly **CONFIDENTIAL**

9/03,6/05,8/31/12 (over)

CHIMPANZEE TREATMENT SHEETAnimal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThadeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: _____

History: Cardiomegaly / Nephrotic Syndrome

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): _____

Reduce dosage. Aspirin 81mg - 1 PO SID - (AFN)
TREATMENT (was 3 tabs SID)

Date	Time of Treatment AM/PM	Comments	Initials
5-1-13	7:00		(b)(6)
5-2-13	7:00		
5-3-13	7:00		
5-4-13	7:00		
5-5-13	7:00		
5-6-13	7:00		
5-7-13	7:00		
5-8-13	7:00		
5-9-13	7:00		
5-10-13	7:00		
5-11-13	7:00		
5-12-13	7:00		
5-13-13	7:00		
5-14-13	7:00		
5-15-13	7:00		
5-16-13	7:00		
5-17-13	7:00		
5-18-13	7:00		
5-19-13	7:00		
5-20-13	7:00		
5-21-13	7:00		
5-22-13	7:00		
5-23-13	7:00		
5-24-13	7:00		

This form and its contents are strictly **CONFIDENTIAL**(over)
9/03,6/05

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThodousBldg # (b)(4)Den # 10Veterinarian (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): 15 mg Enalapril SID
X UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
5-1-13	7:00		(b)(6)
5-2-13	7:00		
5-3-13	7:00		
5-4-13	7:00		
5-5-13	7:10		
5-6-13	7:00		
5-7-13	7:00		
5-8-13	7:00		
5-9-13	200		
5-10-13	200		
5-11-13	7:00		
5-12-13	7:00		
5-13-13	7:00		
5-14-13	7:00		
5-15-13	200		
5-16-13	200		
5-17-13	200		
5-18-13	200		
5-19-13	200		
5-20-13	200		
5-21-13	7:10		
5-22-13	7:10		
5-23-13	7:10		
5-24-13	7:10		

This form and its contents are strictly CONFIDENTIAL

9/03,6/05,8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: 1560Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)Den # 10Veterinaria (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): Protein Supp. BIDXUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
5-1-13	7:00	2:00		(b)(6)
5-2-13	7:00	2:00		
5-3-13	7:00	2:00		
5-4-13	7:00	2:00		
5-5-13	7:00	2:00		
5-6-13	7:00	2:00		
5-7-13	7:00	2:00		
5-8-13	7:00	2:00		
5-9-13	7:00	2:00		
5-10-13	7:00	2:00		
5-11-13	7:00	2:00		
5-12-13	7:00	2:00		
5-13-13	7:00	2:00		
5-14-13	7:00	2:00		
5-15-13	7:00	2:00		
5-16-13	7:00	2:00		
5-17-13	7:00	2:00		
5-18-13	7:00	2:00		
5-19-13	7:00	2:00		
5-20-13	7:00	2:00		
5-21-13	7:00	2:00		
5-22-13	7:00	2:00		
5-23-13	7:00	2:00		
5-24-13	7:00	2:00		

This form and its contents are strictly CONFIDENTIAL

9/03,6/05,8/31/12 (over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThadensBldg # (b)(4) Den # 10Veterinarian (b)(6)Time (b)(4) Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): Protein Supp. BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
4-1-13	200	800		(b)(6)
4-2-13	7:00	2:00		
4-3-13	7:00	2:00		
4-4-13	700	200		
4-5-13	200	200		
4-6-13	200	200		
4-7-13	200	200		
4-8-13	7:00	2:00		
4-9-13	7:00	2:00		
4-10-13	7:00	2:00		
4-11-13	7:00	2:00		
4-12-13	7:00	2:00		
4-13-13	7:00	2:00		
4-14-13	7:00	2:00		
4-15-13	7:00	2:00		
4-16-13	7:00	2:00		
4-17-13	700	200		
4-18-13	700	200		
4-19-13	700	200		
4-20-13	7:00	2:00		
4-21-13	7:00	2:00		
4-22-13	200	200		
4-23-13	7:00	2:00		
4-24-13	7:00	2:00		

This form and its contents are strictly **CONFIDENTIAL**

9/03,6/05,8/31/12 (over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: _____

History: Cardiomegaly / Nephrotic Syndrome

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): _____

Reduce dosage. Aspirin 81mg - 1 PO SID - AFN

TREATMENT (was 3 tabs SID)

Date	Time of Treatment AM/PM	Comments	Initials
4-1-13	7:00		(b)(6)
4-2-13	7:00		
4-3-13	7:00		
4-4-13	7:00		
4-5-13	7:00		
4-6-13	7:00		
4-7-13	7:00		
4-8-13	7:00		
4-9-13	7:00		
4-10-13	7:00		
4-11-13	7:00		
4-12-13	7:00		
4-13-13	7:00		
4-14-13	7:00		
4-15-13	7:00		
4-16-13	7:00		
4-17-13	7:00		
4-18-13	7:00		
4-19-13	7:00		
4-20-13	7:00		
4-21-13	7:00		
4-22-13	7:00		
4-23-13	7:00		
4-24-13	7:00		

(over)
9/03,8/05This form and its contents are strictly **CONFIDENTIAL**

CHIMPANZEE TREATMENT SHEET

Animal ID: 1560Animal Sex: (M) F (circle one)Animal Name: Thadous

Bldg #

(b)(4)

Den #

10

Veterinaria

(b)(6)

Time:

Date: 1-28-2003

History:

Sample Collected:

Time:

Date:

Diagnosis/Results:

See Record

Prescribed Treatment (specify frequency and duration):

15 mg Enalapril SIDX UEN

TREATMENT

Date	Time of Treatment	Comments	Initials
4-1-13	7:00		(b)(6)
4-2-13	7:00		
4-3-13	7:00		
4-4-13	7:00		
4-5-13	7:00		
4-6-13	7:00		
4-7-13	7:00		
4-8-13	7:00		
4-9-13	7:00		
4-10-13	7:00		
4-11-13	7:00		
4-12-13	7:00		
4-13-13	7:00		
4-14-13	7:00		
4-15-13	7:00		
4-16-13	7:00		
4-17-13	7:00		
4-18-13	7:00		
4-19-13	7:00		
4-20-13	7:00		
4-21-13	7:00		
4-22-13	7:00		
4-23-13	7:00		
4-24-13	7:00		

This form and its contents are strictly CONFIDENTIAL

9/03,6/05,8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: B260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThadusBldg # (b)(4) Pen # 10Veterinarian: (b)(6)

Time: _____

Date: 10-29-12History: Cardiomegaly / Nephrotic SyndromeSample Collected: C.

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 81mg Aspirin SID x WFN
Reduce Dosage.

TREATMENT

Date	Time of Treatment	Comments	Initials
3-1-13	7:00		(b)(6)
3-2-13	7:00		
3-3-13	7:00		
3-4-13	7:00		
3-5-13	7:00		
3-6-13	7:00		
3-7-13	7:00		
3-8-13	7:00		
3-9-13	7:00		
3-10-13	7:00		
3-11-13	7:00		
3-12-13	7:00		
3-13-13	7:00		
3-14-13	7:00		
3-15-13	7:00		
3-16-13	7:00		
3-17-13	7:00		
3-18-13	7:00		
3-19-13	7:00		
3-20-13	7:00		
3-21-13	7:00		
3-22-13	7:00		
3-23-13	7:00		
3-24-13	7:00		

This form and its contents are strictly **CONFIDENTIAL**9/03,6/05,8/31/12^(over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)Pen # 10Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): 15 mg Enalapril SID
X L.F.H.

TREATMENT

Date	Time of Treatment	Comments	Initials
3-1-13	7:00		(b)(6)
3-2-13	7:00		
3-3-13	7:00		
3-4-13	7:00		
3-5-13	7:00		
3-6-13	7:00		
3-7-13	7:00		
3-8-13	7:00		
3-9-13	7:00		
3-10-13	7:00		
3-11-13	7:00		
3-12-13	7:00		
3-13-13	7:00		
3-14-13	7:00		
3-15-13	7:00		
3-16-13	7:00		
3-17-13	7:00		
3-18-13	7:00		
3-19-13	7:00		
3-20-13	7:00		
3-21-13	7:00		
3-22-13	7:00		
3-23-13	7:00		
3-24-13	7:00		

This form and its contents are strictly CONFIDENTIAL

9/03, 6/0

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)Den # 10Veterinarian (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): Protein Supp. BID XUFN

TREATMENT

Date	Time of Treatment	Comments	Initials
3-1-13	7:00 2:00		(b)(6)
3-2-13	7:00 2:00		
3-3-13	7:00 2:00		
3-4-13	7:00 2:00		
3-5-13	7:00 2:00		
3-6-13	7:00 2:00		
3-7-13	7:00 2:00		
3-8-13	7:00 2:00		
3-9-13	7:00 2:00		
3-10-13	7:00 2:00		
3-11-13	7:00 2:00		
3-12-13	7:00 2:00		
3-13-13	7:00 2:00		
3-14-13	7:00 2:00		
3-15-13	7:00 2:00		
3-16-13	7:00 2:00		
3-17-13	7:00 2:00		
3-18-13	7:00 2:00		
3-19-13	7:00 2:00		
3-20-13	7:00 2:00		
3-21-13	7:00 2:00		
3-22-13	7:00 2:00		
3-23-13	7:00 2:00		
3-24-13	7:00 2:00		

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9/03,6/05,8/31/12 (over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1560Animal Sex: (M) F (circle one)Animal Name: ThadensBldg # b)(4)Den # 10Veterinarian b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): Protein Supp. BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
2-1-13	7:00	2:00		b)(6)
2-2-13	7:00	2:00		
2-3-13	7:00	2:00		
2-4-13	7:00	2:00		
2-5-13	7:00	2:00		
2-6-13	7:00	2:00		
2-7-13	7:00	2:00		
2-8-13	7:00	2:00		
2-9-13	7:00	5:00		
2-10-13	7:00	5:00		
2-11-13	7:00	5:00		
2-12-13	7:00	5:00		
2-13-13	7:00	5:00		
2-14-13	7:00	5:00		
2-15-13	7:00	5:00		
2-16-13	7:00	5:00		
2-17-13	7:00	5:00		
2-18-13	7:00	5:00		
2-19-13	7:00	5:00		
2-20-13	7:00	5:00		
2-21-13	7:00	5:00		
2-22-13	7:00	5:00		
2-23-13	7:00	2:00		
2-24-13	7:00	2:00		

This form and its contents are strictly CONFIDENTIAL

9/03,6/05,8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThadeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: _____

History: Cardio negative / Nephrotic Syndrome

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): _____

Reduce dosage. Aspirin 81mg - 1 PO SID - UFN

TREATMENT (was 3 tabs SID)

Date	Time of Treatment AM/PM	Comments	Initials
2-1-13	7:00		(b)(6)
2-2-13	7:00		
2-3-13	7:00		
2-4-13	7:00		
2-5-13	7:00		
2-6-13	7:00		
2-7-13	7:00		
2-8-13	7:00		
2-9-13	7:00		
2-10-13	7:00		
2-11-13	7:00		
2-12-13	7:00		
2-13-13	7:00		
2-14-13	7:00		
2-15-13	7:00		
2-16-13	7:00		
2-17-13	7:00		
2-18-13	7:00		
2-19-13	7:00		
2-20-13	7:00		
2-21-13	7:00		
2-22-13	7:00		
2-23-13	7:00		
2-24-13	7:00		

This form and its contents are strictly **CONFIDENTIAL**(over)
9/03,6/05

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThadousBldg # (b)(4)Den # 10Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): 15 mg Enalapril SID
X UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
2-1-13	7:00		(b)(6)
2-2-13	7:00		
2-3-13	7:00		
2-4-13	7:12		
2-5-13	7:00		
2-6-13	7:00		
2-7-13	7:00		
2-8-13	7:00		
2-9-13	7:00		
2-10-13	7:00		
2-11-13	7:00		
2-12-13	7:00		
2-13-13	7:00		
2-14-13	7:00		
2-15-13	7:00		
2-16-13	7:00		
2-17-13	7:00		
2-18-13	7:00		
2-19-13	7:00		
2-20-13	7:00		
2-21-13	7:00		
2-22-13	7:00		
2-23-13	7:00		
2-24-13	7:00		

This form and its contents are strictly CONFIDENTIAL

9/03,6/05,8/31/12 (over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1560Animal Sex: M F (circle one)Animal Name: ThadensBldg # (b)(4)Den # 10Veterinaria (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): Protein Supp. BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
1-1-13	7:00	2:00		(b)(6)
1-2-13	7:00	2:00		
1-3-13	7:00	2:00		
1-4-13	7:00	2:00		
1-5	7:00	12:00		
1-6-13	7:00	5:00		
1-7-13	7:00	2:00		
1-8-13	7:00	2:00		
1-9-13	7:00	2:00		
1-10-13	7:00	2:00		
1-11-13	7:00	2:00		
1-12-13	7:00	2:00		
1-13-13	7:00	2:00		
1-14-13	7:00	2:00		
1-15-13	7:00	2:00		
1-16-13	7:00	2:00		
1-17-13	7:00	2:00		
1-18-13	7:00	2:00		
1-19-13	7:00	2:00		
1-20-13	7:00	2:00		
1-21-13	7:00	2:00		
1-22-13	7:00	2:00		
1-23-13	7:00	2:00		
1-24-13	7:00	2:00		

This form and its contents are strictly CONFIDENTIAL

9/03,6/05,8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThaddeusBlkg # (b)(4)Den # 10Veterinarian (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): 15 mg Enalapril SID
X-UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
1-1-13	7:00		(b)(6)
1-2-13	7:00		
1-3-13	7:00		
1-4-13	7:00		
1-5	7:00		
1-6-13	7:00		
1-7-13	7:00		
1-8-13	7:00		
1-9-13	7:00		
1-10-13	7:00		
1-11-13	7:00		
1-12-13	7:00		
1-13-13	7:00		
1-14-13	7:00		
1-15-13	7:00		
1-16-13	7:00		
1-17-13	7:00		
1-18-13	7:00		
1-19-13	7:00		
1-20-13	7:00		
1-21-13	7:00		
1-22-13	7:00		
1-23-13	7:00		
1-24-13	7:00		

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9/03,6/05,8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: M F (circle one)Animal Name: ThaddeusBldg # (b)(4)Den # 10Veterinarian: (b)(6)

Time: _____

Date: 10-29-12History: Cardiomegaly / Nephrotic Syndrome

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 1- 81mg Aspirin SID x 4EN
Reduce Dosage

TREATMENT

Date	Time of Treatment	Comments	Initials
1-1-13	7:00		(b)(6)
1-2-13	700		
1-3-13	700		
1-4-13	700		
1-5	700		
1-6-13	700		
1-7-13	7:00		
1-8-13	7:00		
1-9-13	7:00		
1-10-13	7:00		
1-11-13	700		
1-12-13	700		
1-13-13	700		
1-14-13	7:00		
1-15-13	7:00		
1-16-13	7:00		
1-17-13	7:00		
1-18-13	7:00		
1-19-13	7:00		
1-20-13	7:00		
1-21-13	7:00		
1-22-13	7:00		
1-23-13	700		
1-24-13	700		

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9/03,6/05,8/31/12 (over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1360Animal Sex: (M) F (circle one)Animal Name: ThadousBldg # (b)(4)Den # 10Veterinarian (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): 15 mg Enalapril SID
X UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
12-1-12	7:00		(b)(6)
12-2-12	7:00		
12-3-12	7:00		
12-4-12	7:00		
12-5-12	7:00		
12-6-12	7:00		
12-7-12	7:00		
12-8-12	7:00		
12-9-12	7:00		
12-10-12	7:00		
12-11-12	7:00		
12-12-12	7:00		
12-13-12	7:00		
12-14-12	7:00		
12-15-12	7:00		
12-16-12	7:00		
12-17-12	7:00		
12-18-12	7:00		
12-19-12	7:00		
12-20-12	7:00		
12-21-12	7:00		
12-22-12	7:00		
12-23-12	7:00		
12-24-12	7:00		

This form and its contents are strictly CONFIDENTIAL

9/03, 6/05, 8/31/12 (over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1200Animal Sex: (M) F (circle one)Animal Name: Thadens

Bldg #

(b)(4)

Den #

10

Veterinarian:

(b)(6)

Time:

Date: 10-29-12

History:

See Record

Sample Collected:

Time:

Date:

Diagnosis/Results:

Prescribed Treatment (specify frequency and duration):

1-81mg Aspirin SID x 4FN

TREATMENT

Date	Time of Treatment	Comments	Initials
12-1-12	7:00		(b)(6)
12-2-12	7:00		
12-3-12	7:00		
12-4-12	7:00		
12-5-12	7:00		
12-6-12	7:00		
12-7-12	7:00		
12-8-12	7:00		
12-9-12	7:00		
12-10-12	7:00		
12-11-12	7:00		
12-12-12	7:00		
12-13-12	7:00		
12-14-12	7:00		
12-15-12	7:00		
12-16-12	7:00		
12-17-12	7:00		
12-18-12	7:00		
12-19-12	7:00		
12-20-12	7:00		
12-21-12	7:00		
12-22-12	7:00		
12-23-12	7:00		
12-24-12	7:00		

This form and its contents are strictly **CONFIDENTIAL**

9/03,6/05,8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: 1360Animal Sex: (M) F (circle one)Animal Name: ThadensBldg # (b)(4)Den # 10Veterinaria (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): Protein Supp. BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
12-1-12	7:00	2:00		(b)(6)
12-2-12	7:00	2:00		
12-3-12	7:00	2:00		
12-4-12	7:00	2:00		
12-5-12	7:00	2:00		
12-6-12	7:00	2:00		
12-7-12	7:00	2:00		
12-8-12	7:00	2:00		
12-9-12	7:00	2:00		
12-10-12	7:00	2:00		
12-11-12	7:00	2:00		
12-12-12	7:00	2:00		
12-13-12	7:00	2:00		
12-14-12	7:00	2:00		
12-15-12	7:00	2:00		
12-16-12	7:00	2:00		
12-17-12	7:00	2:00		
12-18-12	7:00	2:00		
12-19-12	7:00	2:00		
12-20-12	7:00	2:00		
12-21-12	7:00	2:00		
12-22-12	7:00	2:00		
12-23-12	7:00	2:00		
12-24-12	7:00	1:00		

This form and its contents are strictly CONFIDENTIAL.

9/03,6/05,8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: 1560Animal Sex: (M) F (circle one)Animal Name: Thaddeus

Blag #

Den #

Veterinaria

Time:

Date:

History:

Sample Collected:

Time:

Date:

Diagnosis/Results:

Prescribed Treatment (specify frequency and duration):

TREATMENT

Date	Time of Treatment	Comments	Initials
11-1-12	7:00		
11-2-12	7:00		
11-3-12	7:00		
11-4-12	7:00		
11-5-12	7:00		
11-6-12	7:00		
11-7-12	7:00		
11-8-12	7:00		
11-9-12	7:00		
11-10-12	7:00		
11-11-12	7:00		
11-12-12	7:00		
11-13-12	7:00		
11-14-12	7:00		
11-15-12	7:00		
11-16-12	7:00		
11-17-12	7:00		
11-18-12	7:00		
11-19-12	7:00		
11-20-12	7:00		
11-21-12	7:00		
11-22-12	7:00		
11-23-12	7:00		
11-24-12	7:00		

This form and its contents are strictly CONFIDENTIAL

9/03,6/05,8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: 1560Animal Sex: (M) F (circle one)Animal Name: Thadous

Bldg #

Den #

Date: 1-28-2003

Veterinarian

Time:

History:

Sample Collected:

Time:

Date:

Diagnosis/Results:

Prescribed Treatment (specify frequency and duration):

15 mg Enalapril SID
X LFN

TREATMENT

Date	Time of Treatment	Comments	Initials
11-1-12	7:00		(b)(6)
11-2-12	7:00		
11-3-12	7:00		
11-4-12	7:00		
11-5-12	7:00		
11-6-12	7:00		
11-7-12	7:00		
11-8-12	7:00		
11-9-12	7:00		
11-10-12	7:00		
11-11-12	7:00		
11-12-12	7:00		
11-13-12	7:00		
11-14-12	7:00		
11-15-12	7:00		
11-16-12	7:00		
11-17-12	7:00		
11-18-12	7:00		
11-19-12	7:00		
11-20-12	7:00		
11-21-12	7:00		
11-22-12	7:00		
11-23-12	7:00		
11-24-12	7:00		

This form and its contents are strictly **CONFIDENTIAL**(over)
9/03,6/05,8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: L260Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)Den # 11Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: SEE RecordPrescribed Treatment (specify frequency and duration): 243mg¹⁰ Aspirin - SID xUFN
81

TREATMENT

Recording error AS per
10-29-12 Lowered Dose Aspirin

Date	Time of Treatment	Comments	Initials
11-1-12	7:00		(b)(6)
11-2-12	7:00		
11-3-12	7:00		
11-4-12	7:00		
11-5-12	7:00		
11-6-12	7:00		
11-7-12	7:00		
11-8-12	7:00		
11-9-12	7:00		
11-10-12	7:00		
11-11-12	7:00		
11-12-12	7:00		
11-13-12	7:00		
11-14-12	7:00		
11-15-12	7:00		
11-16-12	7:00		
11-18-12	7:00		
11-18-12	7:00		
11-19-12	7:00		
11-20-12	7:00		
11-21-12	7:00		
11-22-12	7:00		
11-23-12	7:00		
11-24-12	7:00		

This form and its contents are strictly CONFIDENTIAL

9/03,6/05,8/31/12

CHIMPANZEE TREATMENT SHEET

Animal ID: 1200

Animal Sex: M F (circle one)

Animal Name: Madras

Bldg # _____ (b)(4)

Den # 20

Veterinarian: _____

Time:_____

Date: 10-27-22

History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results:

Prescribed Treatment (specify frequency and duration):

1-81mg Aspirin SID UFM

TREATMENT

[illegible]

This form and its contents are strictly **CONFIDENTIAL**

9/03,6/05,8/31/12^(over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)Den # 10Veterinaria (b)(6)

Time: _____

Date: 1-18-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): Protein Supp. BID XUFN

TREATMENT

Date	Time of Treatment	Comments	Initials
10-1-12	7:00 500 (b)(6)		(b)(6)
10-2-12	7:00 500		
10-3-12	7:00 500		
10-4-12	7:00 500		
10-5-12	7:00 500 (b)(6)		
10-6-12	7:00 500 (b)(6)		
10-7-12	7:00 500		
10-8-12	7:00 500		
10-9-12	7:00 500		
10-10-12	7:00 500		
10-11-12	7:00 800 (b)(6)		
10-12-12	7:00 500		
10-13-12	7:00 500 (b)(6)		
10-14-12	7:00 500		
10-15-12	7:00 500		
10-16-12	7:00 500		
10-17-12	7:00 500		
10-18-12	7:00 5:00		
10-19-12	7:00 5:00		
10-20-12	7:00 500		
10-21-12	7:00 500		
10-22-12	7:00 500		
10-23-12	7:00 500		
10-24-12	7:00 500		

This form and its contents are strictly CONFIDENTIAL

9/03,6/05,8/31/12 (over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1560Animal Sex: (M) F (circle one)Animal Name: ThadousBldg # (b)(4)Den # 10Veterinarian (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): 15 mg Enalapril SID
X UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
10-1-12	7:00		(b)(6)
10-2-12	7:00		
10-3-12	7:00		
10-4-12	7:00		
10-5-12	7:00		
10-6-12	7:00		
10-7-12	7:00		
10-8-12	7:00		
10-9-12	7:00		
10-10-12	7:00		
10-11-12	7:00		
10-12-12	7:00		
10-13-12	7:00		
10-14-12	7:00		
10-15-12	7:00		
10-16-12	7:00		
10-17-12	7:00		
10-18-12	7:00		
10-19-12	7:00		
10-20-12	7:00		
10-21-12	7:00		
10-22-12	7:00		
10-23-12	7:00		
10-24-12	7:00		

This form and its contents are strictly CONFIDENTIAL

9/03,6/05,8/31/12^(over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: Thaddeus

Bldg #

(b)(4)

Den #

11

Veterinarian:

(b)(6)

Time:

Date:

1-28-2003

History:

Sample Collected:

Time:

Date:

Diagnosis/Results:

SEE Record

Prescribed Treatment (specify frequency and duration):

243mg Aspirin - SID x UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
10-1-12	7:00		(b)(6)
10-2-12	7:00		
10-3-12	7:00		
10-4-12	7:00		
10-5-12	7:00		
10-6-12	7:00		
10-7-12	7:00		
10-8-12	7:00		
10-9-12	7:00		
10-10-12	7:00		
10-11-12	7:00		
10-12-12	7:00		
10-13-12	7:00		
10-14-12	7:00		
10-15-12	7:00		
10-16-12	7:00		
10-17-12	7:00		
10-18-12	7:00		
10-19-12	7:00		
10-20-12	7:00		
10-21-12	7:00		
10-22-12	7:00		
10-23-12	7:00		
10-24-12	7:00		

This form and its contents are strictly CONFIDENTIAL

9/03,6/05,8/31/12 (over)

PHYSICAL EXAMINATION

Date	10/25/12	HCV inf.	2940	Last Wt. (kg)	52.5	BCS	3
ID Number	1260	Name	Thaddeus	DOB	11-4-1982	Sex	(M) F X
				Wt (kg)	55.51		

Anesthetic/Sedation -- see Physical Exam Sedation Record and/or Anesthesia Monitoring Record

Temp. (F)	Heart Rate (Beats/Min)	Resp (resp/min)	SpO ₂	Blood Pressure
99-99.4	100-109	28	97-99%	169-73 161-87 165-91

Parameters Examined

Only one observation is checked for each system; all others are "NA" - not applicable

System	Abnormal	Normal	Not observed	System	Abnormal	Normal	Not Observed
1. Integument		✓		7. Neurologic		✓	
2. Respiratory		✓		8. Musculoskeletal		✓	
3. Cardiovascular	✓	RAO/BS		9. Lymphatic		✓	
4. Gastrointestinal		✓ RAO		10. Endocrine		✓	
5. Urogenital		✓ Hx		11. Special Senses		✓	
6. Cycle Stage/ Reproductive	NA			12. CBC-CHEM	✓		
	✓ R						

Comments by number: (3) LV enlargement (VS 2001), 3/5 systolic murmur, small QRS complex w/ split P wave (4) Enlarged liver (5) Testicle (Rt), Hx of nephrotic - UA - Normal, BUN (2) (12) CBC - WNL, CHEM - ALB 2.7, ALKP 257, Na 125, TP 8.6, Glob 5.9

Differential Diagnosis: (3) Suspect LVH w/ IUS thickening -
(12) Consistent w/ HCV infection

SUBMITTING (Only those items checked were submitted;
others are "NA" - not applicable)

BLOOD TUBES

✓ SMA	✓ TB test R (L) eye	✓ Radiographs
✓ CBC	___ Fecal O&P	✓ ECG
___ Coagulation	___ Fecal Culture	✓ U/S
___ Urinalysis	___ Occult Blood (Feces)	Other (List):
___ Blood Culture	✓ Perianal Tape Test	

1	10ml SST
1	3ml Lithium Heparin
1	3ml EDTA

TREATMENT provided during PE: O₂ ☒ Rabies Ind SQ, Tetanus Immol Im
Enalapril/Aspirin therapy to continue as prescribed; Reduce Aspirin dose to 81mg SID
Echocardiogram as available

Health assessment: Good (Fair) Poor

Risk: Normal At Risk (High Risk)

Signature: (b)(6)

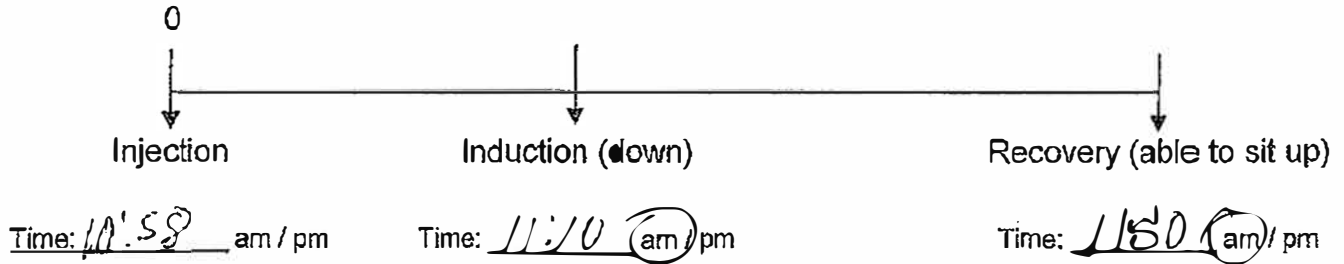
Date: 10/25/12

This form and its contents are strictly CONFIDENTIAL

9/03, 3/05, 8/05, 9/12

PHYSICAL EXAM SEDATION RECORDAnimal number/name: 1260 Thadus Weight (kg): 52.5 Date: 10-25-11Sedation Method: dart / injectionVeterinarian:

(b)(6)

Initial Dosage (ml) Telazol: 1.5 (The standard dose is 3 mg/kg, IM)

Supplements (ml) Telazol/Ketamine: _____ am / pm _____ IM / IV

Supplements (ml) Telazol/Ketamine: _____ am / pm _____ IM / IV

Supplements (ml) Telazol/Ketamine: _____ am / pm _____ IM / IV

Current Weight (kg): 56.0

Re-tattoo

Y

☒COMMENTS: _____

DENTITION RECORD

DATE: 10/25/12

ANIMAL NAME: Shadens

ANIMAL NO. 1260

	Right						(b)(6)	Left								
	M3	M2	M1	PM2	PM1	C	I2	I1	I1	I2	C	PM1	PM2	M1	M2	M3
Upper							X	X								
Lower																

missing

Blank space = tooth present

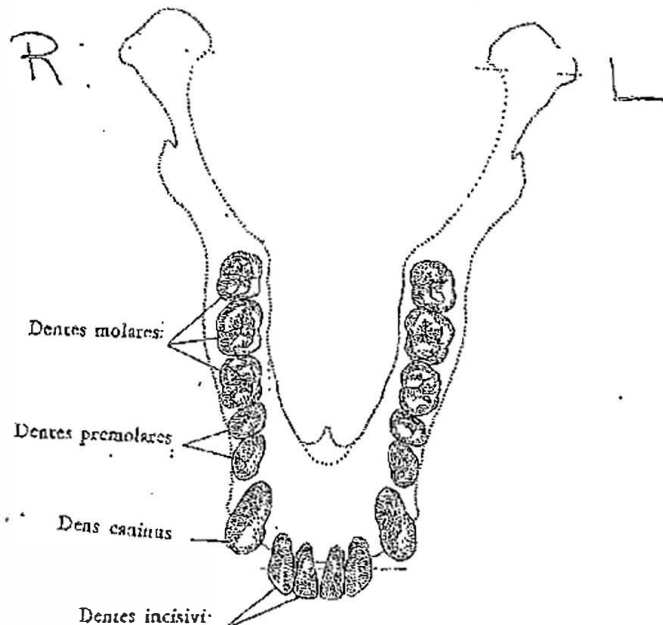
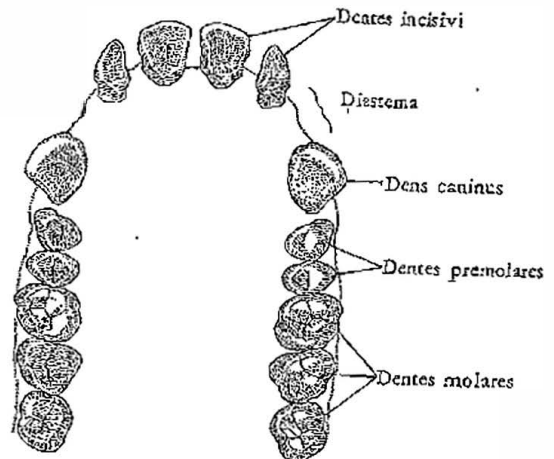
X = tooth missing

B = Tooth broken

D = Present but diseased

Comments:

RU-I2 missing

RU-I1 - broken, no
pulp exposure

RADIOLOGY RECORD

ANIMAL NUMBER/NAME:

1260 Thaddeus

DATE:

10-25-12

SPECIES: Pan troglodytes

VETERINARIAN

SEX:



Male



Female

TECHNICIAN:

ANESTHETIC:



Yes



No

BODY PART & SIZE (cm):

Thorax AP - 21
Lat - 21

RADIOGRAPHIC TECHNIQUE:

AP

GRID:



Yes



No

MA: 10.0

MA: 10.0

TIME: 11:20

DISTANCE: (FFD):

40

KVP: 73.0

KVP: 73.0

EVALUATION:

Cardiomegaly - 1° LVH, suspect IVS thickening, elevated trachea
Hepatomegaly

EVALUATED BY:

TUBERCULOSIS TEST READING SCHEDULE

Location: (b)(4) Den 9 P 10 Date Administered: 10-25-12
 Veterinarian: (b)(6) _____
 Site of Injection: R Eye _____ L Eye ✓ Lot #: 434 X Exp Date: 1-19-13

Animal Number/Name	Sex	Weight (kgs)	Age	GRADE*			Reader's Initials
				24 hrs	48 hrs	72 hrs	
781 Hazel	F	57.5	40	0	0	0	(b)(6)
1279 Lena	F	50.5	29	0	0	0	
CA090 Kelsey	F	58.5	23	Chest X-Ray			
902 Bert	m	57.5	37	0	0	0	(b)(6)
1173 Timmie	m	54.0	31	0	0	0	
1260 Thaddeus	m	51.0	30	0	0	0	
1433 Angelo	m	63.0	25	0	0	0	

*Grade	Reaction	Result
0	No visible change	Negative
1 (+)	Bruising	Negative
2 (+)	Various degrees of erythema w/o swelling	Negative
3 (+)	Various degrees of erythema with minimal swelling or slight swelling without erythema	Suspect
4 (+)	Obvious swelling of the palpebrum with drooping of the eyelid and various degrees of erythema (May appear pustular/exudates)	Positive
5 (+)	Eye closed, swelling and/or necrosis	Positive

DO NOT FEED

Remove Feed from animals the afternoon / evening of 10-24-12
at approximately 2:00 am / (pm)

Do Not Feed the morning of 10-25-12

Building/Room (b)(4) Rm (b)(4) E (b)(4)

DO NOT FEED the following animals as directed above:

Physical Exam

(b)(4)	Animal Identification	Time Feed Pulled (AM/PM)	Initial/Date	Time Animals Fed (AM/PM)	Initial/Date	Comments
	781 Hazel	2:00	(b)(6) 10/24/12	5:00	(b)(6) 10/25/12	
200	1279 Lena	↓	↓	↓	↓	
	CA0190 Kelsey	↓	↓	↓	↓	
(b)(4)	902 Bert	↓	↓	↓	↓	
	1173 Timmie	↓	↓	↓	↓	
117	1260 Thaddeus	↓	↓	↓	↓	
	1433 Angelo	↓	↓	↓	↓	

NPO = Nothing by mouth -- no food or water

NF = No food -- water okay

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M F (circle one)Animal Name: ThadousBldg # (b)(6)Den # 11

Veterinarian: _____

Time: _____

Date: 1-28-03

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): Protein Supp. BID x WFN

TREATMENT

Date	Time of Treatment AM/PM	Comments	Initials
9/1	7:00		(b)(6)
9/2	7:00		
9/3	7:00		
9-4-12	7:00	2:40	
9-5-12	7:00	2:00	
9-6-12	7:00	2:00	
9-7-12	7:00	2:00	
9/8	7:00	2:00	
9/9	7:00	2:00	
9-10-12	7:00	2:00	
9-11-12	7:00	2:00	
9-12-12	7:00	2:00	
9-13-12	7:00	2:00	
9-14-12	7:00	2:00	
9-15-12	7:00	2:00	
9-16-12	7:00	2:00	
9-17-12	7:00	2:00	
9-18-12	7:00	2:00	
9-19-12	7:00	2:00	
9-20-12	7:00	2:00	
9-21-12	7:00	2:00	
9-22-12	7:00	2:00	
9-23-12	7:00	2:00	
9-24-12	7:00	2:00	

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)Den # 1-28-03Veterinarian: (b)(6)

Time: _____

Date: _____

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): Long Enalapril SID
XUFN

TREATMENT

Date	Time of Treatment AM/PM	Comments	Initials
9/1	7:00		(b)(6)
9/2	7:00		
9/3	7:00		
9-4-12	7:00		
9-5-12	7:00		
9-6-12	7:00		
9-7-12	7:00		
9/8	7:00		
9/9	7:00		
9-10-12	7:00		
9-11-12	7:00		
9-12-12	7:00		
9-13-12	7:00		
9-14-12	7:00		
9-15-12	7:00		
9-16-12	7:00		
9-17-12	7:00		
9-18-12	7:00		
9-19-12	7:00		
9-20-12	7:00		
9-21-12	7:00		
9-22-12	7:00		
9-23-12	7:00		
9-24-12	7:00		

(over)
9/03,6/05This form and its contents are strictly **CONFIDENTIAL**

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThadeusBldg # Den # 11Veterinarian:

Time: _____

Date: 1-28-03

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: SEE RecordPrescribed Treatment (specify frequency and duration): 243mg Aspirin - SID x WEN

TREATMENT

Date	Time of Treatment AM/PM	Comments	Initials
9/1	7:00		(b)(6)
9/2	7:00		
9/3	7:00		
9-4-12	7:00		
9-5-12	7:00		
9-6-12	7:00		
9-7-12	7:00		
9/8	7:00		
9/9	7:00		
9-10-12	7:00		
9-11-12	7:00		
9-12-12	7:00		
9-13-12	7:00		
9-14-12	7:00		
9-15-12	7:00		
9-16-12	7:00		
9-17-12	7:00		
9-18-12	7:00		
9-19-12	7:00		
9-20-12	7:00		
9-21-12	7:00		
9-22-12	7:00		
9-23-12	7:00		
9-24-12	7:00		

This form and its contents are strictly **CONFIDENTIAL**(b)(6)
9/03,6/05

Obtained by Rise for Animals.
Uploaded to Animal Research Laboratory Overview (ARLO) on 12/17/2020

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: Thadens

Bldg #

(b)(4)

Den #

11

Veterinarian: _____

Time: _____

Date: 1-28-03

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: See RecordPrescribed Treatment (specify frequency and duration): Protein Supp. BID x WEN

TREATMENT

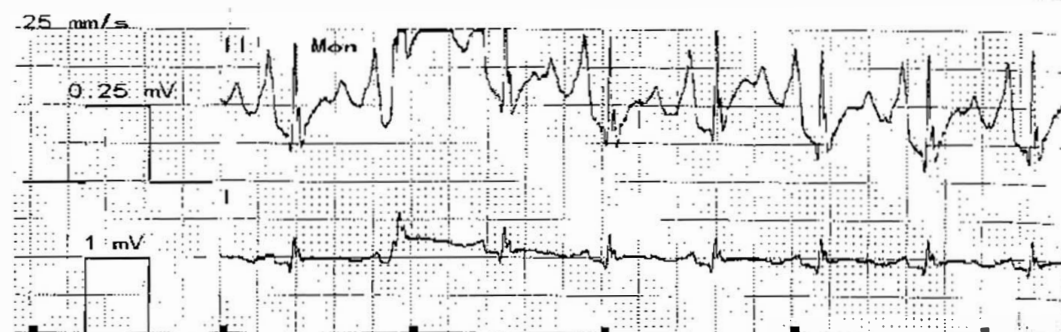
Date	Time of Treatment AM/PM	Comments	Initials
8-17-12	7:00	200	(b)(6)
8-18-12	7:00	200	
8-19-12	7:00	200	
8-20-12	7:00	200	
8-21-12	7:00	2:00	
8-22-12	7:00	2:00	
8-23-12	7:00	2:00	
8-24-12	7:00	2:00	
8-25-12	7:00	2:00	
8-26-12	7:00	2:00	
8-27-12	7:00	2:00	
8-28-12	7:00	2:00	
8-29-12	7:00	2:00	
8-30-12	7:00	2:00	
8-31-12	7:00	2:00	

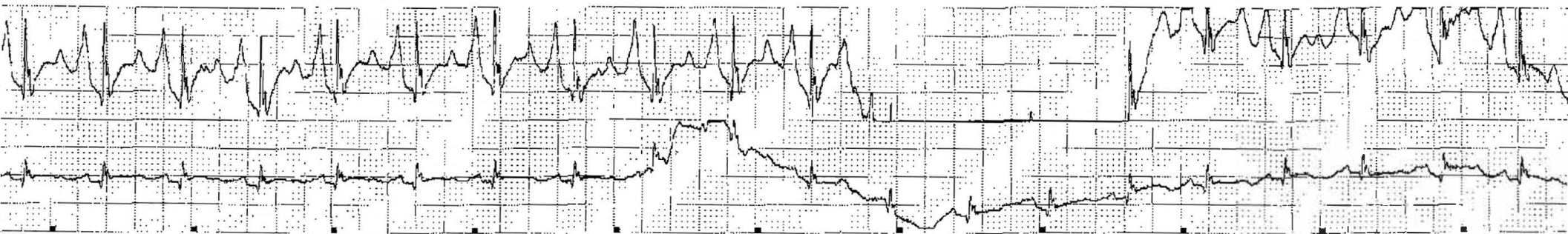
REALTIME REPORT

NAME: THADEUS
 ID #: 1260
 ED #: (b)(4)
 HEIGHT: Unspecified
 WEIGHT: Unspecified
 DATE OF BIRTH: Unspecified

RECORD TIME: 12/09/2015
 10:09:07 AM

HR (ECG)	112	BPM
RESP (ECG (11))	55	RPM
SpO2	98	%
PR	110	BPM
NIBP	116/53(77)	mmHg
	10:08:42 AM	





REALTIME REPORT

NAME: THADEUS

ID #: 1260

BED #: 5(4)

HEIGHT: Unspecified

WEIGHT: Unspecified

DATE OF BIRTH: Unspecified

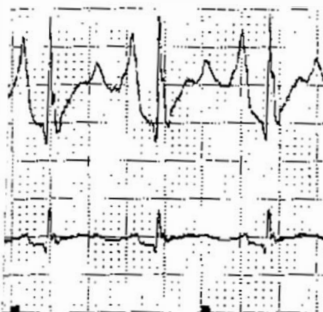
RECORD TIME: 12/09/2015

10:10:38 AM

HR(ECG)	108	BPM
RESP(ECG(11))	---	RPM
TEMP	100.6	° F
SpO2	88	%
PR	108	BPM
NIBP	137/66(90)	mmHg
	10:10:36 AM	







QUICK TREND

NAME: THADEUS

ID #: 1260

BED #: (b)(4)

HEIGHT: Unspecified

WEIGHT: Unspecified

DATE OF BIRTH: Unspecified

RECORD TIME: 12/09/2015

10:13:04 AM

Time

HR (BPM)

SpO2 (%)

NIBP (mmHg)

CO2 (Insp/Ex) (mmHg)

12/09/15
10:06 AM

12/09/15
10:08 AM

12/09/15
10:10 AM

129/72(92)

---/---

107

100

116/53(77)

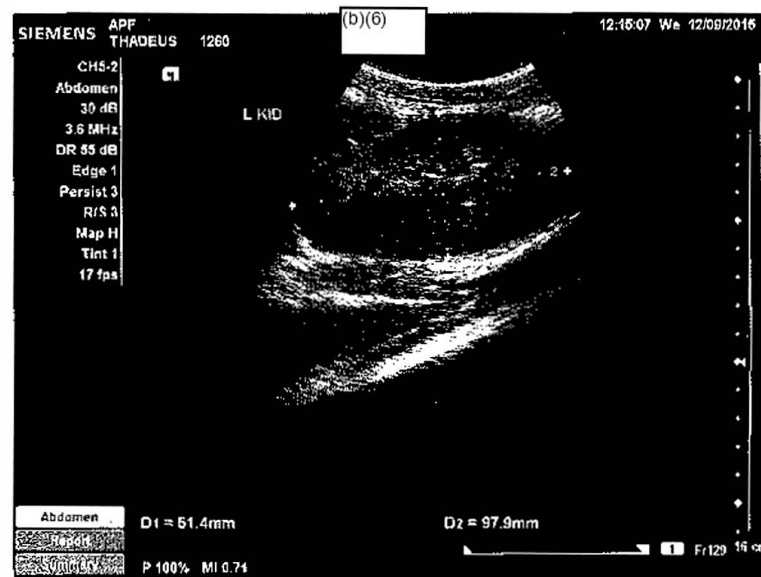
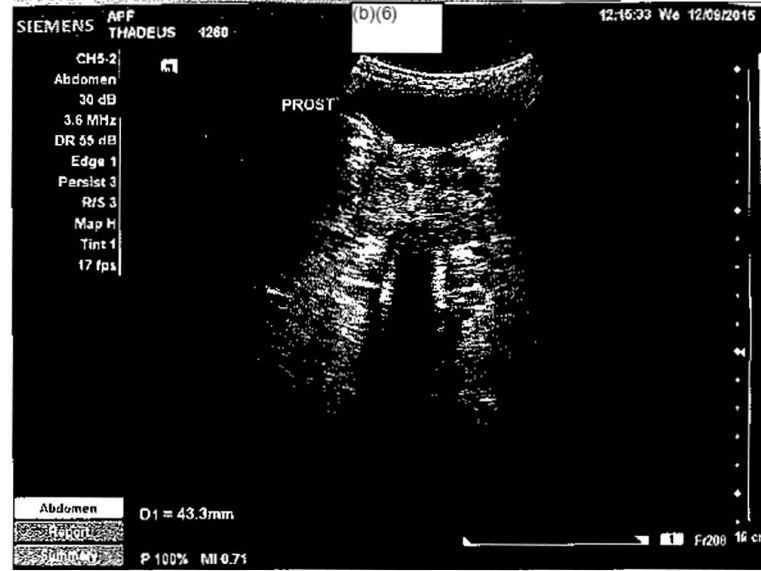
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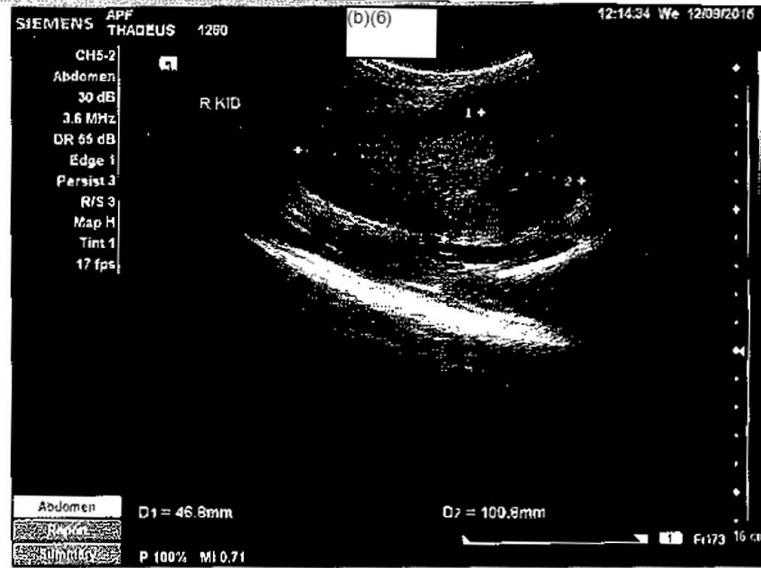
109

89

137/66(90)

---/---





ALAMOGORDO PRIMATE FACILITY

Patient ID:

1260

Name:

THADEUS

Model:

Monkey

Doctor:

(b)(6)

/ Male

Age/Sex:

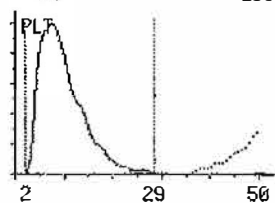
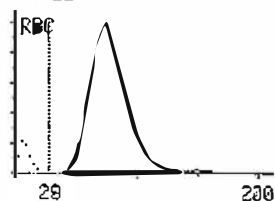
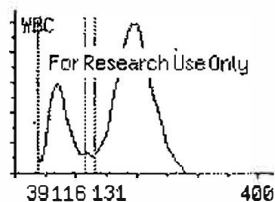
0 years

Report date: 12.09.2015 S/N: 121762

Test time: 12.09.2015 10:44 AM

Test Result Sample ID: 1248

WBC	12.50	$10^9/L$	7.5	17.3
LYM	3.13	$10^9/L$	4.3	8.24
MON	0.28	$10^9/L$	0.84	0.72
GRA	9.09	$10^9/L$	1.9	6.24
LY%	25.0	%	43	77
MO%	2.3	%	0.4	6
GR%	72.7	%	19	52
RBC	5.41	$10^{12}/L$	4.7	6
HGB	15.1	g/dL	1.24	1.6
HCT	43.77	%	36.6	47.8
MCV	81	fL	50	90
MCH	27.8	pg	12	13
MCHC	34.4	g/dL	30	36
RDWc	16.3	%		
PLT	289	$10^9/L$	41	503
PCT	0.28	%		
MPV	9.8	fL		
PDWc	37.2	%		



1260 Thadeus
12/9/2015
49.5 kg

VETSCAN VS2

COMPREHENSIVE DIAGNOSTIC

09 DEC 2015 10:57 AM
SAMPLE TYPE: SPECIES 1
PATIENT ID: 1260
ROTOR LOT NUMBER: 5273BA8
SERIAL NUMBER: 0000V02274

ALB	2.6 *	3.2-4.2	G/DL
ALP	184 *	54-153	U/L
ALT	38	20-44	U/L
AMY	26	21-65	U/L
TBIL	0.6 *	0.2-0.6	MG/DL
BUN	15	7-17	MG/DL
CR	9.0	0.1-10.2	MG/DL
PHOS	3.0	1.8-4.2	MG/DL
CRE	1.0	0.7-1.3	MG/DL
GLU	64 *	66-118	MG/DL
NA+	122	115-136	MMOL/L
K+	4.0	3.2-4.4	MMOL/L
TP	8.2	6.7-8.3	G/DL
GLOB	5.6 *	3.2-4.7	G/DL

QC OK
REM 0 LIP 0 ICT 0

REALTIME REPORT

NAME: THADUS

ID #: 1260

BED #: (b)(4)

HEIGHT: Unspecified

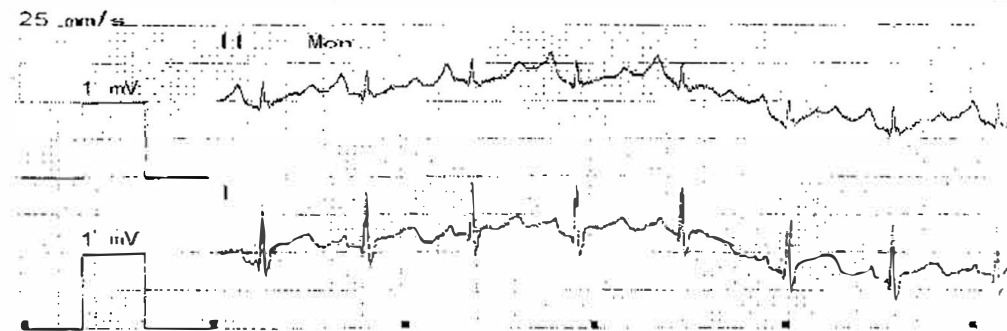
WEIGHT: Unspecified

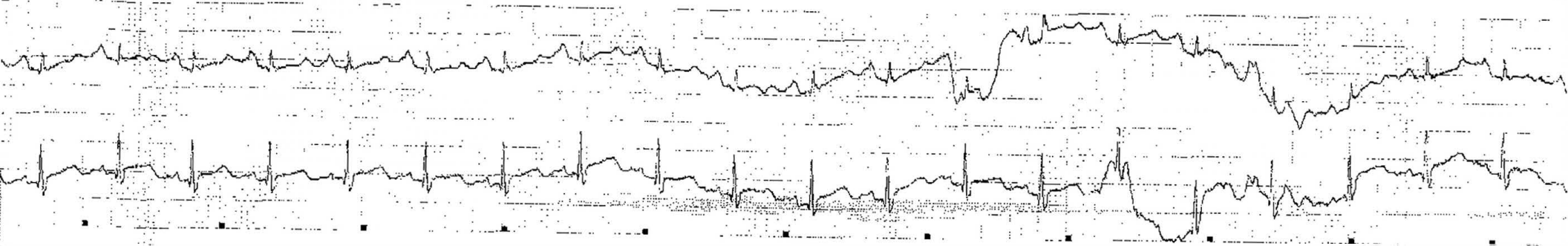
DATE OF BIRTH: Unspecified

RECORD TIME: 01/23/2015

10:19:55 AM

HR(EGG)	109	BPM
RESP(EGG(11))	26	RPM
SpO2	89	%
PR	109	BPM
NIBP	112/54(61)	mmHg
	10:19:43 AM	





QUICK TREND

NAME: THADUS

ID #: 1260

BED #: (b)(4)

HEIGHT: Unspecified

WEIGHT: Unspecified

DATE OF BIRTH: Unspecified

Time

01/22/15
10:19 AM

01/22/15
10:22 AM

01/22/15
10:23 AM

HR(BPM)

108

101

128

SpO2(%)

87

88

NIBP(mmHg)

112/54(61)

117/43(73)

115/39(64)

CO2(Insp/Exp)(mmHg)

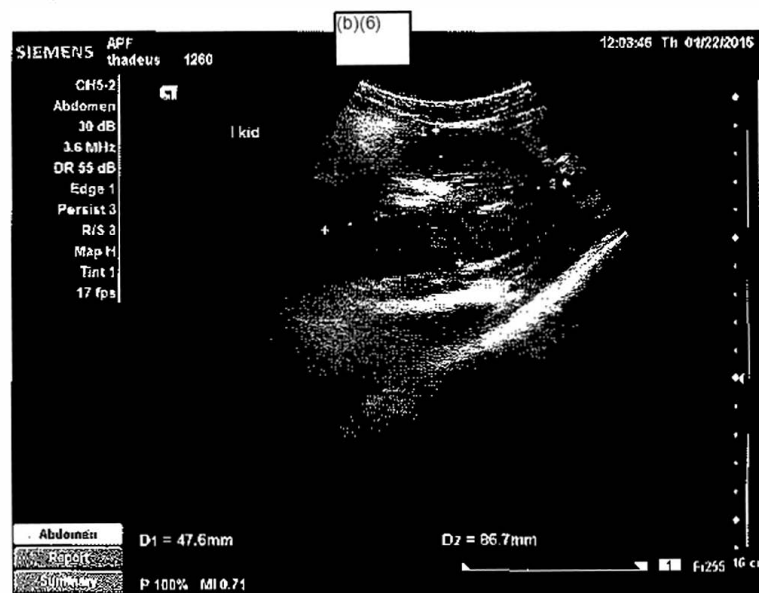
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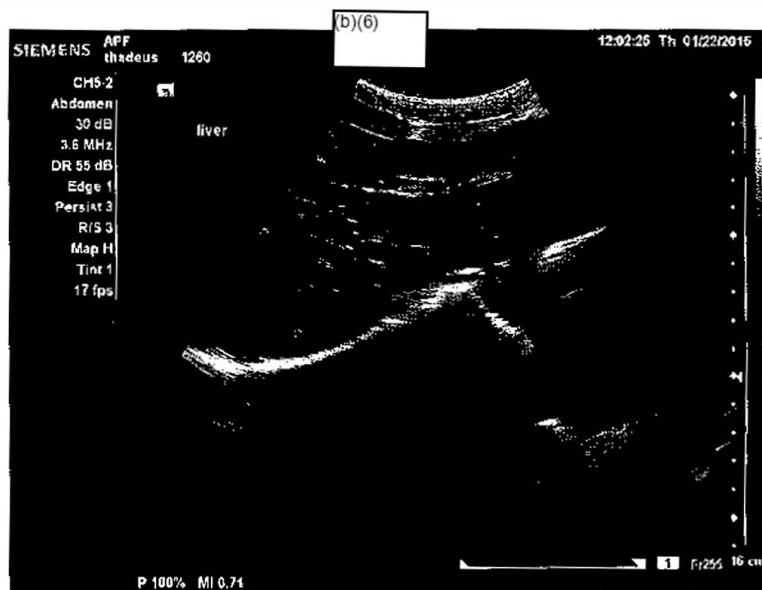
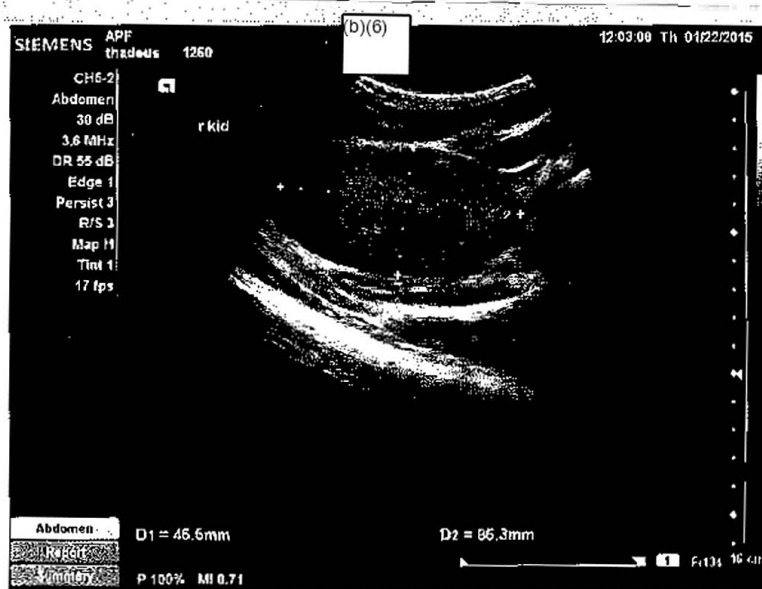
---/---

---/---

RECORD TIME: 01/22/2015

10:24:53 AM





Patient ID:

1260

Name:

THADEUS

Mode:

Monkey

Doctor:

(b)(6)

/ Male

Age/Sex:

0

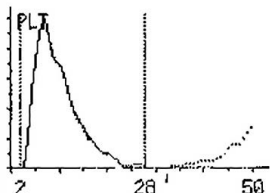
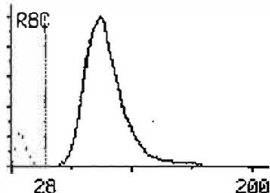
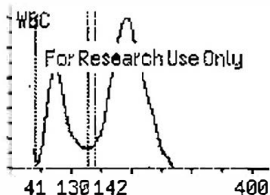
years

Report date: 01.22.2015 8:12:17 AM

Test time: 01.22.2015 10:26 AM

Test Result Sample ID: 1072

WBC	10.55	$10^9/L$	7.5	17.3
LYM	3.16	$10^9/L$	4.3	9.24
MON	0.21	$10^9/L$	0.24	0.72
GRA	7.18	$10^9/L$	1.9	6.24
LY%	29.9	%	43	77
MO%	2.0	%	0.4	6
GR%	68.1	%	18	52
RBC	5.46	$10^{12}/L$	4.7	6
HGB	14.7	g/dL	1.24	1.6
HCT	44.08	%	36.6	47.6
MCV	81	fL	58	90
MCH	26.9	pg	12	13
MCHC	33.3	g/dL	30	36
RDWc	16.5	%		
PLT	308	$10^9/L$	41	503
PCT	0.30	%		
MPV	9.0	fL		
PDWc	36.9	%		



1260 Thadeus
1/22/2015
48.5 kg

VETSCAN VS2

COMPREHENSIVE DIAGNOSTIC

22 JAN 2015 10:34 AM

SAMPLE TYPE: SPECIES 1

PATIENT ID: 1260

ROTOR LOT NUMBER: 4292884

SERIAL NUMBER: 0000V02274

ALB	3.1	3.2-4.2	G/DL
ALP	179	54-153	U/L
ALT	36	20-44	U/L
AMY	31	21-65	U/L
TBIL	0.7	0.2-0.6	MG/DL
BUN	14	7-17	MG/DL
CA	9.0	8.1-10.2	MG/DL
PHOS	4.8	1.8-4.2	MG/DL
CRE	0.8	0.7-1.3	MG/DL
GLU	66	66-118	MG/DL
NA+	131	115-136	MMOL/L
K+	3.9	3.2-4.4	MMOL/L
TP	8.1	6.7-8.3	G/DL
GLOB	5.0	3.2-4.7	G/DL

BC OK
HEH 0 LIP 0 ICT 0

Name: THADEUS

ID #: 1260

Bed #:

Trace: II @2 cm/mV

HR (ECG): 93 BPM

IBP: 134 / 61 (71) mmHg

Interval: 2.5 min

AT: 1 min

Date: 9/19/13

Time: 10:17:57 AM

Speed: 25 mm/s

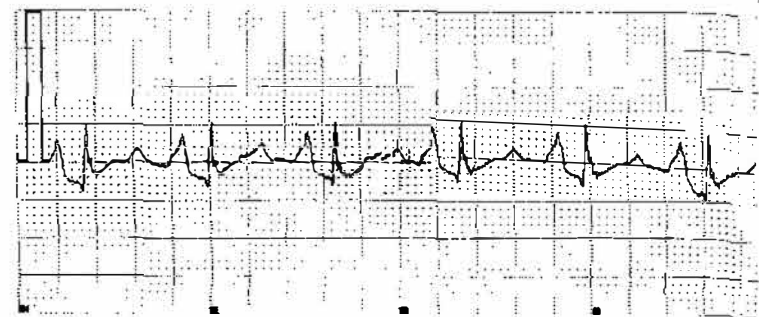
Source: Key

Resp (ECG II): --- RPM

SpO2: 98 %

Temp: [101.6] F

ECG Filter: Monitor





Name: THADEUS

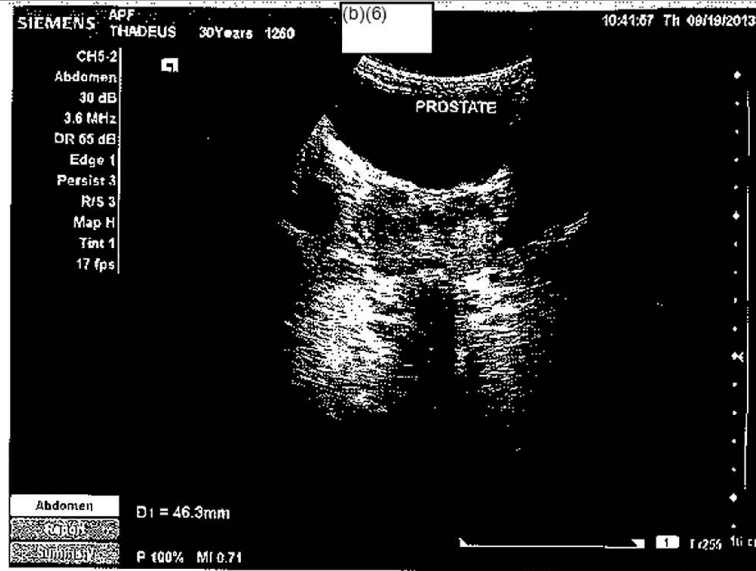
ID #: 1260

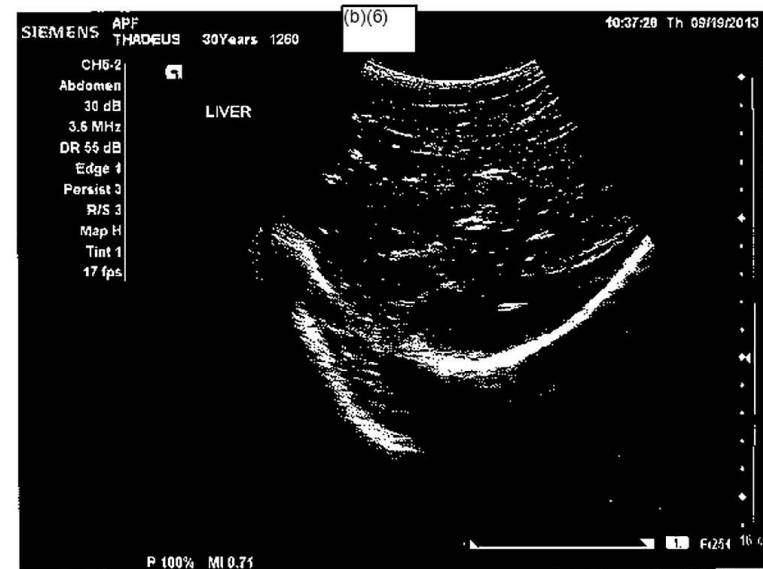
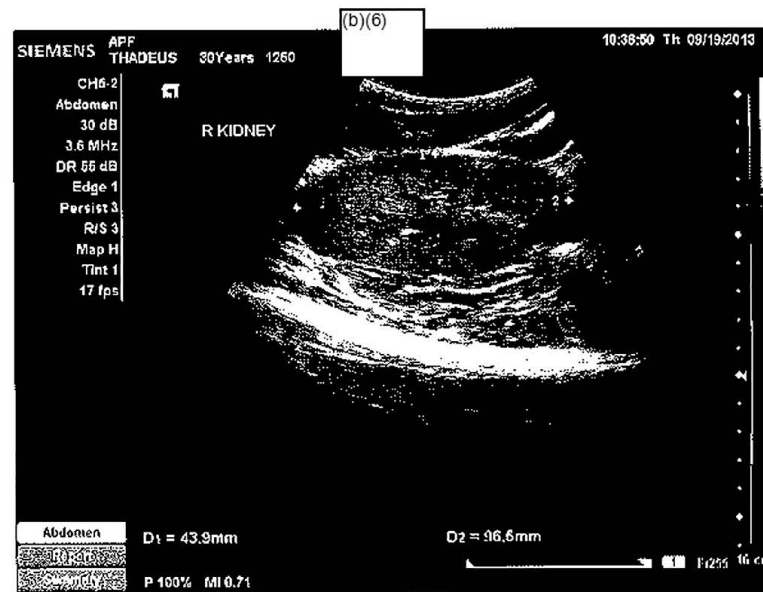
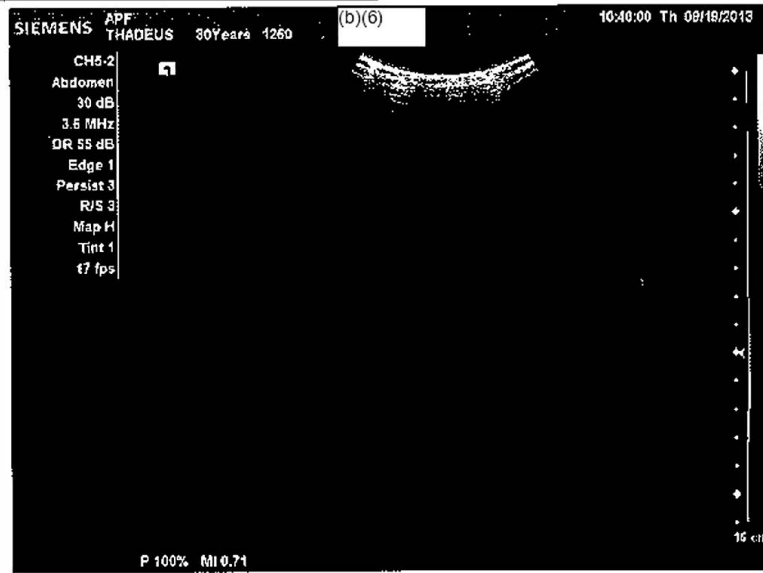
Bed #: _____

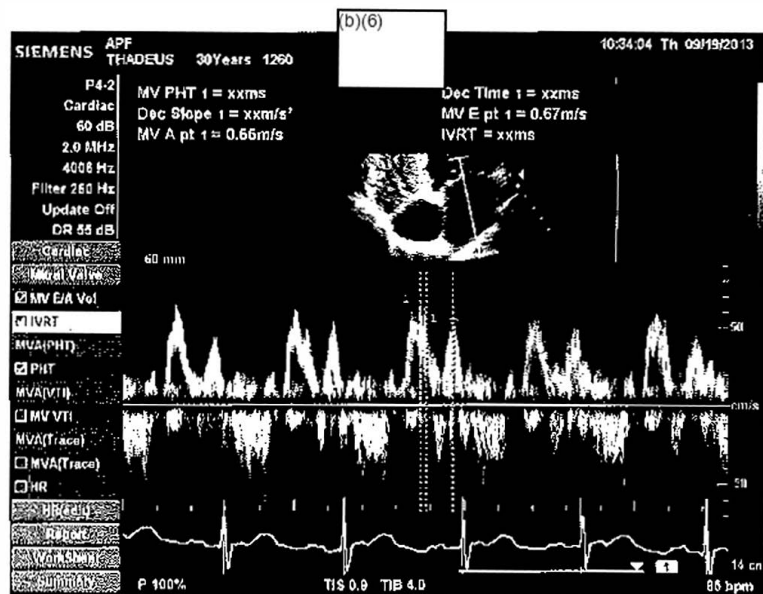
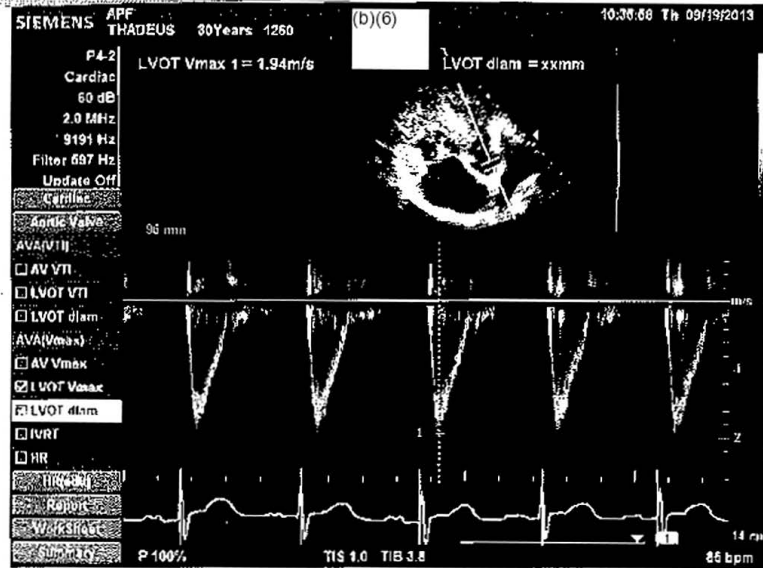
Date: 9/19/13

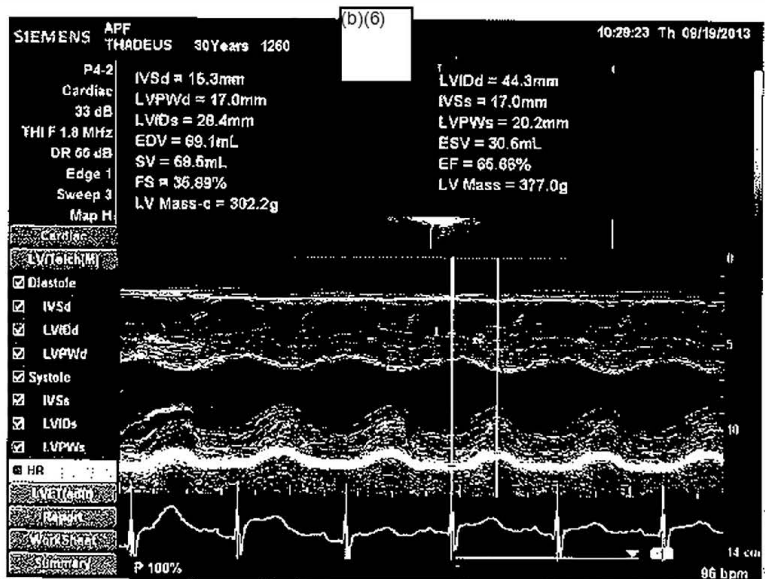
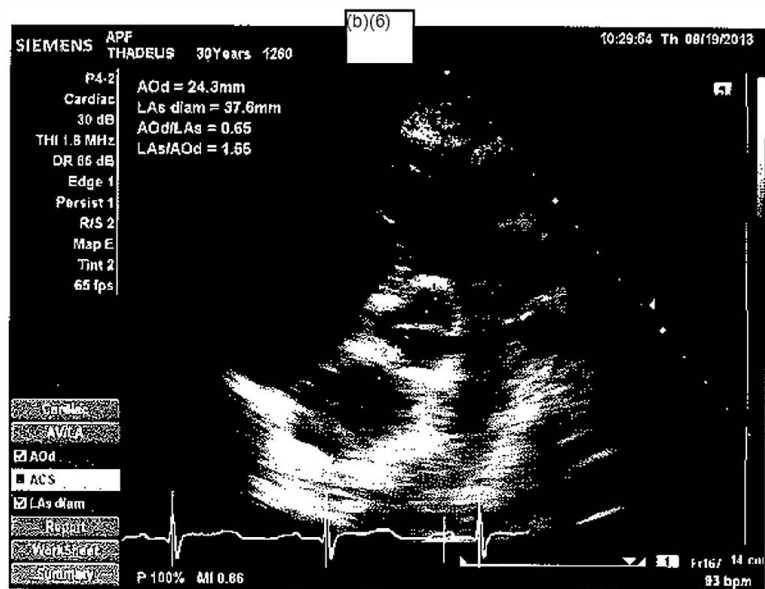
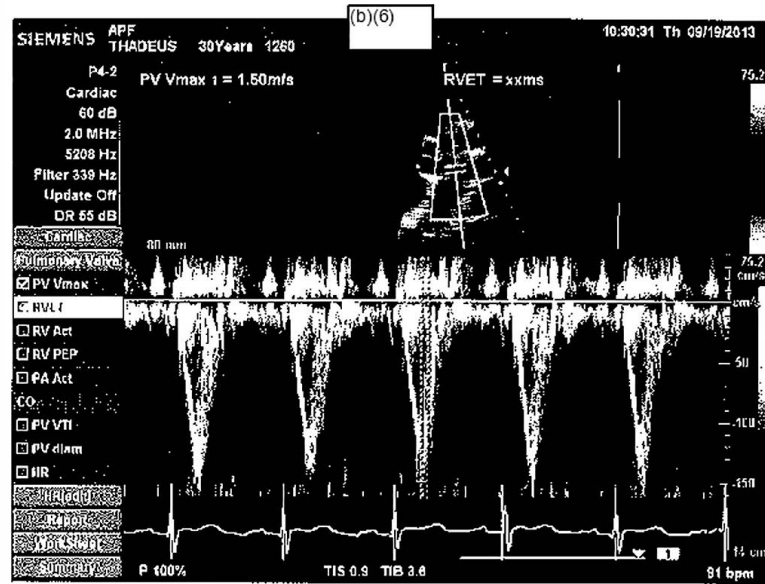
Time: 10:22:47 AM

Time:	HR BPM	NIBP mmHg	SpO2 %	Resp RPM	Temp F
10:21	86	115 / 71 (38)	99	---	[---]
10:20	89	110 / 71 (38)	98	---	[---]
10:16	91	134 / 61 (71)	---	---	[101.7]









1260
Thaddeus

Patient ID:

1260

Name:

THADEUS

Mode:

Monkey

Doctor:

(b)(6)

/ Male

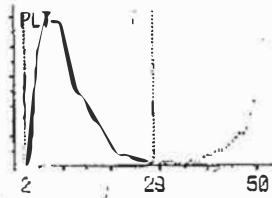
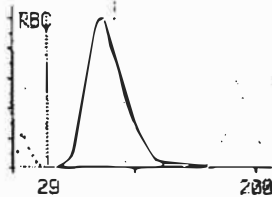
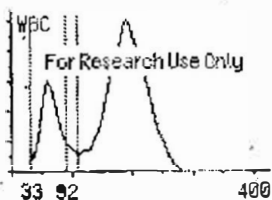
Age/Sex: 0 years

Report date: 03.19.2013 5:11:12 PM

Test time: 03.19.2013 10:02 AM

Test Result Sample ID: 896

WBC	9.06	$10^9/L$	7.5	17.3
LYM	1.90	$10^9/L$	4.3	8.24
MON	0.27	$10^9/L$	0.04	0.72
GRA	6.89	$10^9/L$	1.9	6.24
LY%	21.0	%	43	77
MO%	3.0	%	0.4	6
GR%	76.0	%	19	52
RBC	5.30	$10^{12}/L$	4.7	6
HGB	14.0	g/dl	1.24	1.6
HCT	42.72	%	36.6	47.8
MCV	81	fL	50	90
MCH	26.5	pg	12	13
MCHC	32.9	g/dl	30	36
RDWc	16.1	%		
PLT	306	$10^9/L$	41	523
PCT	0.30	%		
MPV	9.8	fL		
PDWc	38.5	%		



VERSCAN V8Z
COMPREHENSIVE DIAGNOSTIC

19 SEP 2013 10:33
SAMPLE TYPE: SPECIES 1
PATIENT ID: 1260
ROTOR LOT NUMBER: 2462BB0
SERIAL NUMBER: 0800V02274

ALB	3.0	* 3.2-4.2	G/DL
ALP	235	* 54-153	U/L
ALT	37	20-42	U/L
AMY	31		U/L
TBIL	0.7	* 0.2-0.6	MG/DL
BUN	13	7-17	MG/DL
CA	9.3	8.1-10.2	MG/DL
PHOS	4.7	* 1.8-4.2	MG/DL
CRE	1.1	0.7-1.3	MG/DL
GLU	77	66-112	MG/DL
NA+	131	* 136-148	MMOL/L
K+	6.1	* 3.2-4.4	MMOL/L
TP	8.3	6.7-8.3	G/DL
GLOB	5.3	* 3.2-4.7	G/DL

QC OK
MEN 0 LIP 0 ICT 0

3ml EDTA
3ml Heparin
8.5ml SST

Name: THADEUS

ID #: 1260

Bed #: _____

Date: 10/25/12

Time: 10:32:36 AM

Time:	HR BPM	NIBP mmHg	SpO2 %	Resp RPM	Temp F
10:31	109	169 / 73 (115)	99	---	[---]
10:28	105	161 / 87 (111)	98	---	99.4
10:27	100	--- / --- (---)	97	---	99.3
10:26	102	165 / 91 (118)	98	---	99.0

Name: THADEUS

ID #: 1260

Reel #:

Trace: II @2 cm/mV

HR (ECG): 89 BPM

NIBP: 169 / 73 (115) mmHg

Interval: 2.5 min

ET: 2 min

Date: 10/25/12

Time: 10:34:15 AM

Speed: 25 mm/s

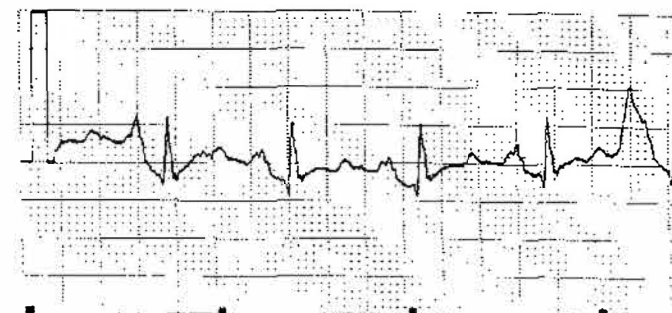
Source: Key

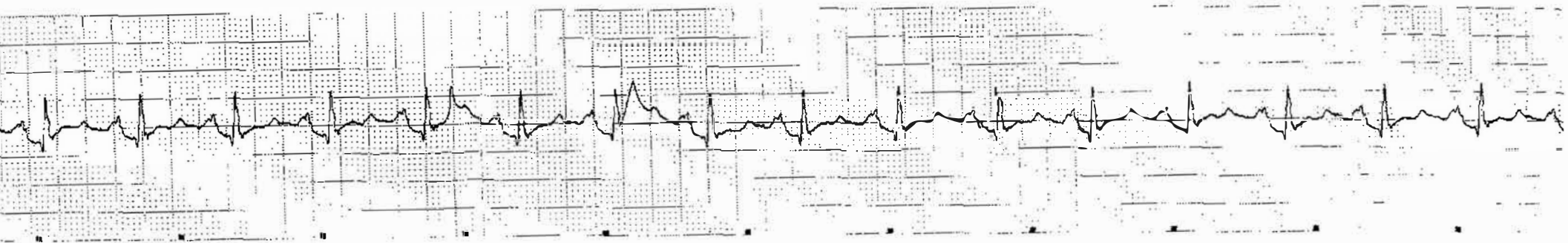
Resp (ECG II): --- RPM

SpO2: --- %

Temp: [---] F

ECG Filter: Monitor





ALAMOGORDO PRIMATE FACILITY

1260
Thadeus

Patient ID:

1260

Name:

THADEUS

Model:

R_Monkey

Doctor:

(b)(6)

/ Male

Age/Sex: 0 years

Report date: 10.25.2012 S/N: 121762

Test time: 10.25.2012 11:38 AM

Test Result Sample ID: 704

WBC 11.75 $10^9/L$ 7.5 $\rightarrow$ 17.3
LYM 3.79 $10^9/L$ 4.3 $\rightarrow$ 9.24
MON 0.33 $10^9/L$ 0.04 $\rightarrow$ 0.72
GRA 7.63 $10^9/L$ 1.8 $\rightarrow$ 6.24
LY% 32.3 % 43 $\rightarrow$ 77
MO% 2.8 % 0.4 $\rightarrow$ 6
GR% 65.0 % 19 $\rightarrow$ 52

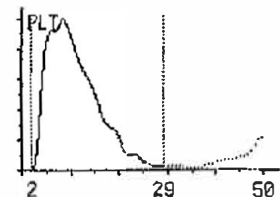
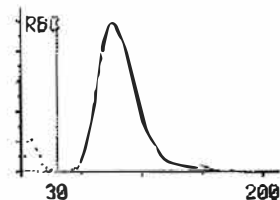
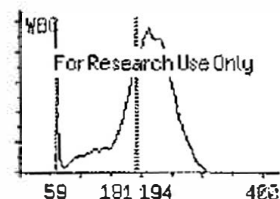
RBC 4.93 $10^{12}/L$ 4.7 $\rightarrow$ 6
HGB 13.7 g/dl 1.24 $\rightarrow$ 1.6
HCT 41.74 % 36.6 $\rightarrow$ 47.3
MCV 85 fl 50 $\rightarrow$ 90
MCH 27.7 pg 12 $\rightarrow$ 13
MCHC 32.8 g/dl 30 $\rightarrow$ 36
RDWc 16.1 %

PLT 306 $10^9/L$ 41 $\rightarrow$ 503

PCT 0.32 %

MPV 10.3 fl

PDWc 40.7 %



3ml EDTA
3ml Heparin
8.5 ml SST

VETSCAN VS2

COMPREHENSIVE DIAGNOSTIC

25 OCT 2012 11:26

SAMPLE TYPE: SPECIES I

PATIENT ID: 1280

ROTOR LOT NUMBER: 2204AB0

SERIAL NUMBER: 0000V02274

ALB 2.7 * 3.2-4.2 G/DL
ALP 257 * 54-153 U/L
ALT 41 20-42 U/L
AMY 30 U/L
TBIL 0.7 * 0.2-0.6 MG/DL
BUN 13 7-17 MG/DL
CA 9.2 8.1-10.2 MG/DL
PHOS 4.0 1.8-4.2 MG/DL
CRE 1.0 0.7-1.3 MG/DL
GLU 68 66-112 MG/DL
NA+ 125 * 136-148 MMOL/L
K+ 3.6 3.2-4.4 MMOL/L
TP 8.6 * 8.7-8.9 G/DL
GLOB 5.9 * 3.2-4.7 G/DL

QC OK
HEM 0 LIP 0 ICT 0

URISPEC 11 WAY URINE TEST STRIP READINGS

Animal Number/Name: 1260 Thadeus
 Technician: (b)(6)

Date: 10-25-12
 Time: 11:25

Blood Non-Hem Reading	negative X	5 to 10	50	250
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Urobilinogen mg/dl Reading	normal X	2	4	8	12
----------------------------	-------------	---	---	---	----

Bilirubin Reading	negative X	+	++	+++
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Protein mg/dl Reading	negative X	30 (+)	100 (++)	500 (+++)
-----------------------	---------------	--------	----------	-----------

Nitrite Reading	negative X	positive
-----------------	---------------	----------

Ketones Reading	negative X	+	++	+++
-----------------	---------------	---	----	-----

Ascorbic Acid Reading	negative X	+	++
-----------------------	---------------	---	----

Glucose mg/dl Reading	negative X	normal	50	150	500 >	1000 >
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PH Reading	5 X	6	7	8	9
------------	--------	---	---	---	---

Specific Gravity Reading	1000	1005 X	1010	1015	1020	1025	1030
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Leucocytes Reading	negative X	ca. 25	ca. 75	ca. 500
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COMMENTS:

Clear Yellow

Humane Endpoints for Thadeus 1260

Thadeus (1260) is a 35 year old HCV infected, HBV negative, HIV negative male chimpanzee that has been diagnosed with multiple disease processes by the veterinary staff at APF. The principle disease processes diagnosed is advanced hepatic disease and cardiovascular disease. With his current clinical condition, 1260 is at high risk for sudden cardiac death.

Clearly defined criteria and responsibilities have been agreed upon by the veterinary staff and the animal care staff trained to observe for decompensation clinical signs. This does not preclude providing supportive therapy as needed, so long as the outcome will involve the return of the animal to an acceptable quality of life in a reasonable amount of time. Humane euthanasia will be performed as required by the veterinarian in attendance.

1. Body weight should be monitored and used as a current potential indicator a debilitating condition. It is recommended that a loss of 20% of body weight within 3 months, a body condition score of 1 or a decrease below 45kg could be an endpoint. If the animal has unresponsive anorexia for 4 days with significant weight loss then euthanasia should be considered.
2. Thadeus has been evaluated by the veterinary staff at APF. His advanced cardiovascular disease puts him at high risk for sudden death. While these conditions are being medically managed, none of these treatments are curative. Signs of advanced cardiac failure such as advanced exercise intolerance or respiratory distress should be considered a potential endpoint.
3. It is the consensus of the Alamogordo Primate Facility veterinary staff that due to the grave prognosis associated with the advanced disease processes, Thadeus (1260) should be humanely euthanized if one or several established endpoints are reached.

(b)(6)

DVM
DVM

Director

(b)(6)

(b)(6) DVM

Attending Veterinarian

1260 Thadeus
9/21/2017

50.5 kg

VETSCAN V32
COMPREHENSIVE DIAGNOSTIC
21 SEP 2017 11:18 AM
SAMPLE TYPE: OTHER
PATIENT ID: 1260
ROTOR LOT NUMBER: 7294BR3
SERIAL NUMBER: 0000VC2274

ALB	8.2	G/DL
ALP	158	U/L
ALT	34	U/L
AMY	27	U/L
TBIL	0.7	MG/DL
BUN	13	MG/DL
CA	9.8	MG/DL
PHOS	5.1	MG/DL
CRE	1.3	MG/DL
GLU	75	MG/DL
NA+	137	MMOL/L
K+	3.9	MMOL/L
TP	8.0	G/DL
GLOB	4.9	G/DL

QC OK
HEX 0 LIP 0 ICT 0

Patient ID:

1260

Name:

thadeus

Model:

Monkey

Doctor:

(b)(6)

/ Male

Age/Sex:

0

years

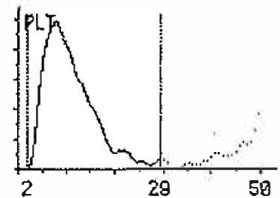
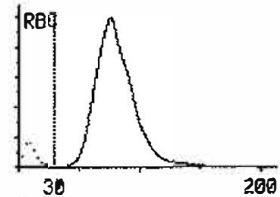
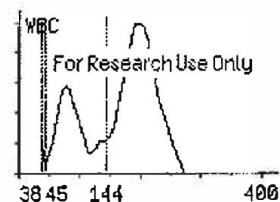
Report date: 09.21.2017 5/11:12:1762

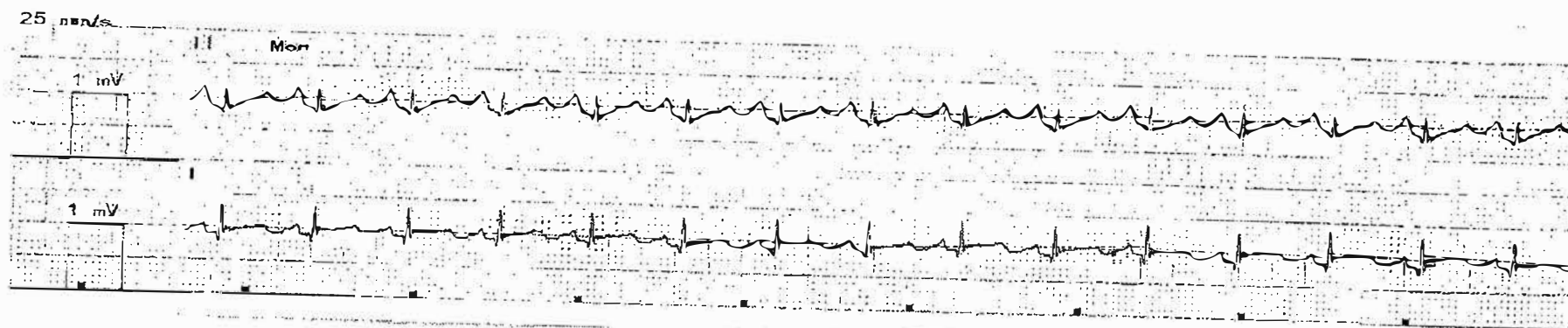
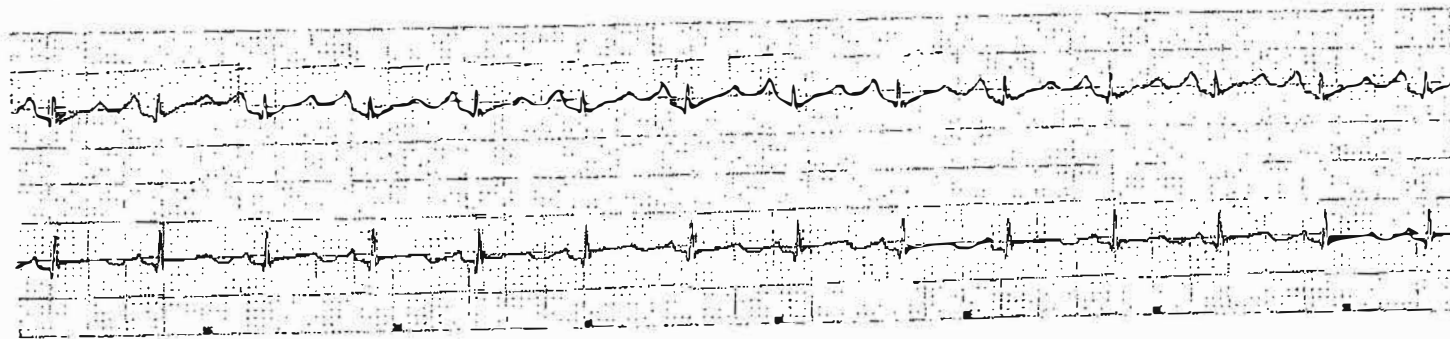
Test time: 09.21.2017 10:30AM

Test Result Sample ID: 1498

WBC	8.42	10 ⁹ /L	7.5	→	17.3
LYM	0.10	10 ⁹ /L	4.3	→	9.24
MON	2.54	10 ⁹ /L	0.04	→	0.72
GRA	5.78	10 ⁹ /L	1.9	→	6.24
LY%	1.2	%	43	→	77
MO%	30.2	%	0.4	→	6
GR%	68.6	%	19	→	52
RBC	5.76	10 ¹² /L	4.7	→	6
HGB	15.6	g/dL	1.24	→	1.6
HCT	47.21	%	38.6	→	47.8
MCV	82	fL	50	→	90
MCH	27.1	pg	12	→	13
MCHC	33.0	g/dL	30	→	36
RDWc	16.0	%			
PLT	---	10 ⁹ /L	41	→	503
PCT	---	%			
MPV	---	fL			
PDWc	---	%			

Warnings: p





QUICK TREND

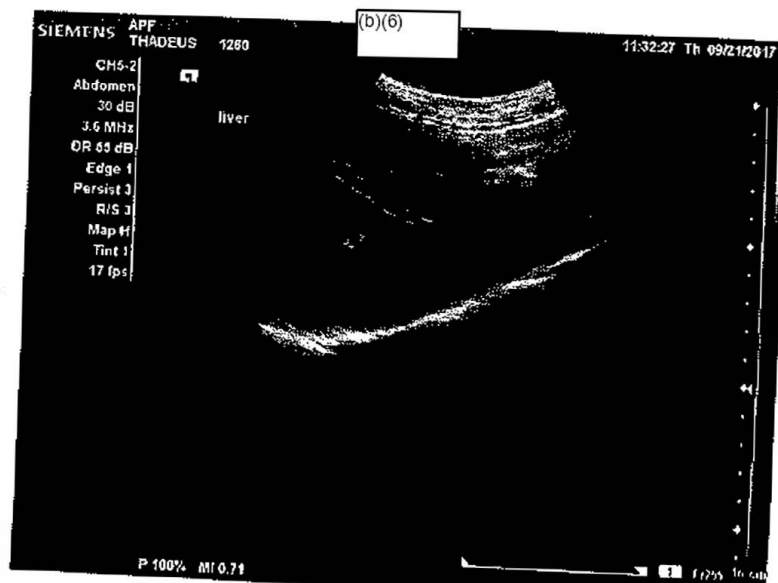
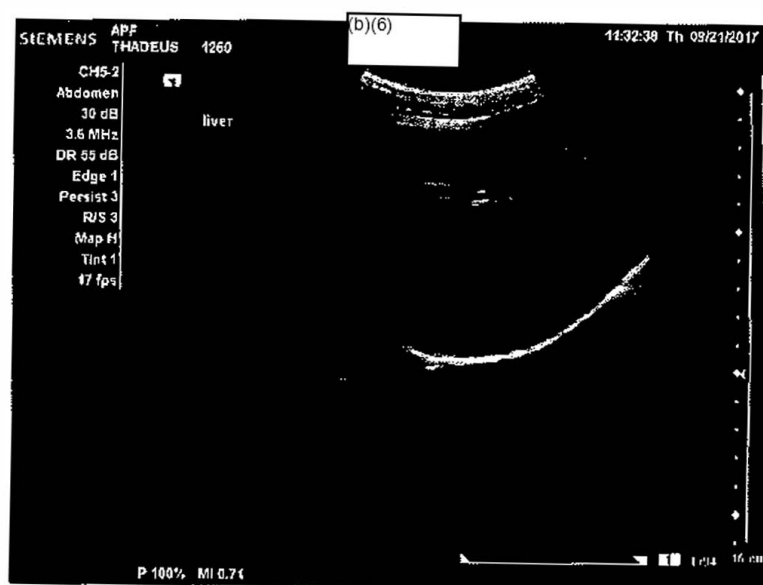
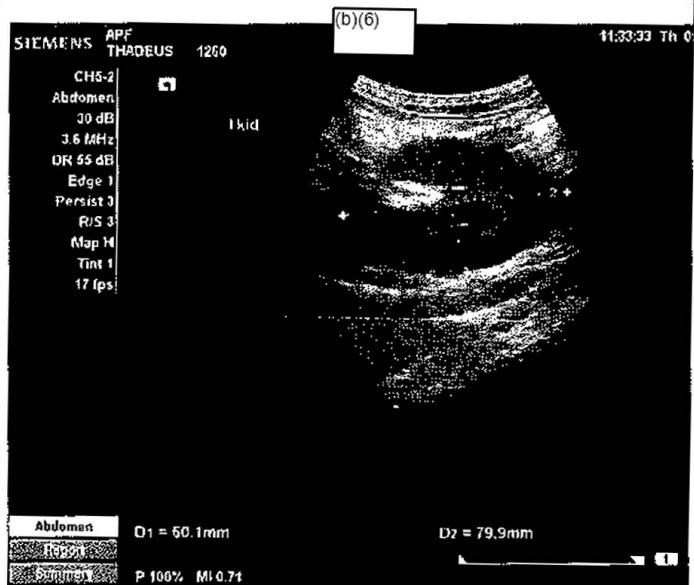
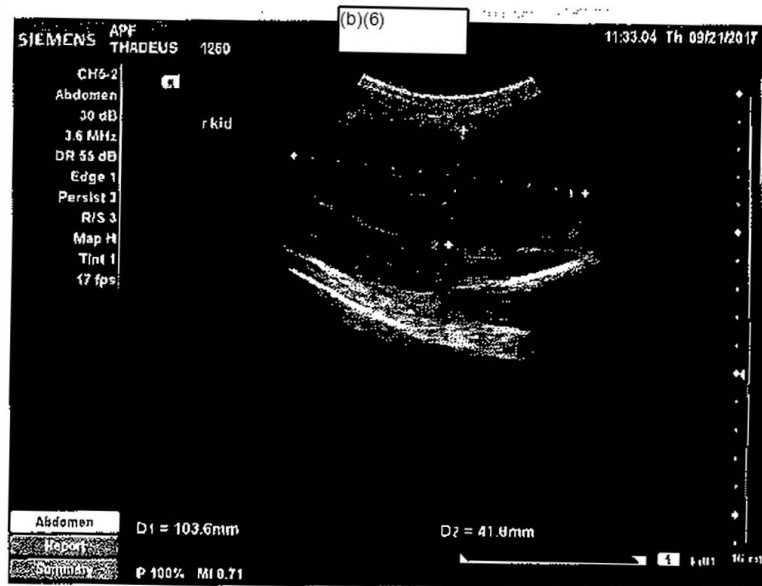
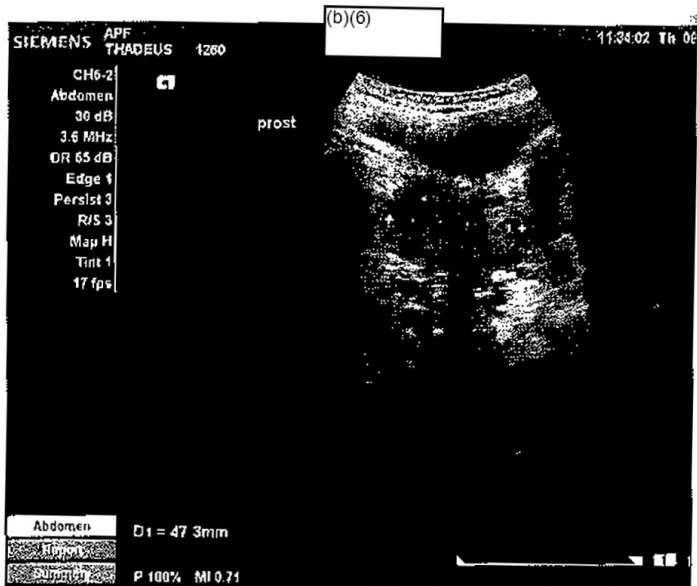
NAME: THADEUS
ID #: 1260
BED #:
HEIGHT: Unspecified
WEIGHT: Unspecified
DATE OF BIRTH: Unspecified

Time

HR (BPM)
SpO2 (%)
NIBP (mmHg)
CO2 (Insp/Et) (mmHg)

09/21/17 09:42 AM	09/21/17 09:43 AM	09/21/17 09:44 AM
110	107	104
96	96	96
134/70 (90)	138/62 (89)	133/59 (84)
---/---	---/---	---/---

RECORD TIME: 09/21/2017
09:45:08 AM



CHIMPANZEE TREATMENT SHEETAnimal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThadeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003History: SEE RECORD

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Enalapril 15mg P.O. 1
S.T.D / U.F.N. 1**TREATMENT**

Date	Time of Treatment	Comments	Initials
2-1-18	7 ⁰⁰		(b)(6)
2-2	7 ⁰⁰		
2-3	7 ⁰⁰		
2-4	7 ⁰⁰		
2-5	7 ⁰⁰		
2-6	7 ⁰⁰		
2-7	7 ⁰⁰		
2-8	7 ⁰⁰		
2-9	7 ⁰⁰		
2-10	7 ⁰⁰		
2-11	7 ⁰⁰		
2-12	7 ⁰⁰		
2-13	7 ⁰⁰		
2-14	7:00		
2-15	7 ⁰⁰		
2-16	7 ⁰⁰		
2-17	7 ⁰⁰		
2-18	7 ⁰⁰		
2-19	7 ⁰⁰		
2-20	7 ⁰⁰		
2-21	7 ⁰⁰		
2-22	7 ⁰⁰		
2-23	7 ⁰⁰		
2-24	7 ⁰⁰		

CHIMPANZEE TREATMENT SHEETAnimal ID: 1260Animal Sex: (M) F (circle one)Animal Name: THADEUS

Bldg #

(b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10.29.2012History: SEE RECORD

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Aspirin 181 mg / P.O. /
S.I.D. / V.E.N. /**TREATMENT**

Date	Time of Treatment	Comments	Initials
2-1-18	7 ⁰⁰		(b)(6)
2-2	7 ⁰⁰		
2-3	7 ⁰⁰		
2-4	7 ⁰⁰		
2-5	7 ⁰⁰		
2-6	7 ⁰⁰		
2-7	7 ⁰⁰		
2-8	7 ⁰⁰		
2-9	7 ⁰⁰		
2-10	7 ⁰⁰		
2-11	7 ⁰⁰		
2-12	7 ⁰⁰		
2-13	7 ⁰⁰		
2-14	7:00		
2-15	7 ⁰⁰		
2-16	7 ⁰⁰		
2-17	7 ⁰⁰		
2-18	7 ⁰⁰		
2-19	7 ⁰⁰		
2-20	7 ⁰⁰		
2-21	7 ⁰⁰		
2-22	7 ⁰⁰		
2-23	7 ⁰⁰		
2-24	7 ⁰⁰		

CHIMPANZEE TREATMENT SHEETAnimal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThadeusBldg # Den # Veterinarian: Time: Date: 1-28-2003History: SEE RECORDSample Collected: Time: Date: Diagnosis/Results: Prescribed Treatment (specify frequency and duration): ENALAPRIL 15mg P.O. 1
S.T.D 1 U.F.N. 1**TREATMENT**

Date	Time of Treatment	Comments	Initials
1-1-8	700		(b)(6)
1-2	700		
1-3	700		
1-4	700		
1-5	700		
1-6	700		
1-7	700		
1-8	700		
1-9	700		
1-10	700		
1-11	700		
1-12	700		
1-13	700		
1-14	700		
1-15	700		
1-16	700		
1-17	700		
1-18	700		
1-19	700		
1-20	700		
1-21	700		
1-22	700		
1-23	700		
1-24	700		

(over)

CHIMPANZEE TREATMENT SHEETAnimal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThadeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10.29.2012History: SEE RECORD

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Aspirin 181mg / P.O. /
S.I.D. / U.F.N. /**TREATMENT**

Date	Time of Treatment	Comments	Initials
1-1-18	700		(b)(6)
1-2	7:00		
1-3	7:00		
1-4	7:00		
1-5	7:00		
1-6	700		
1-7	700		
1-8	7:00		
1-9	7:00		
1-10	7:00		
1-11	7:00		
1-12	7:00		
1-13	7:00		
1-14	7:00		
1-15	7:00		
1-16	7:00		
1-17	7:00		
1-18	7:00		
1-19	7:00		
1-20	7:00		
1-21	7:00		
1-22	7:00		
1-23	7:00		
1-24	7:00		

(over)

INDIVIDUAL WEIGHTS -- DEWORMING -- VACCINATIONS

Animal Number: 1260	Name: Thadeus	Sex: (M) F X
DOB: 11-4-1982	Age:	Location: Building Den

YEAR 2017

WEIGHTS BY MONTH		
Date (00/00/00)	Weight	Initials
3-30-17	53.5	(b)(6)
09-21-17	50.5	
12-29-17	54.0	

VACCINATIONS & OTHER			
Q3YR RABIES: Imrab 3; Route SQ; Dose Amount 1ml			
Q5YR TETANUS TOXOID: Route IM; Dose Amount 0.5ml			
Date (00/00/00)	Manufacturer/Type/ Route/Dose Amount	Serial #	Initials

DEWORMING							
Type = Panacur or Ivomec ; Route = Per Os, IM, SQ ; Panacur Dose=1ml per 10 kg; Ivomec Dose=0.2mg per kg							
Type: Ivomec				Type:			
First Dose Date	Dose Amount	Route	Initials	Second Dose Date	Dose Amount	Route	Initials
9-21-17	1.0	S. P.	(b)(6)				
Type:				Type:			
First Dose Date	Dose Amount	Route	Initials	Second Dose Date	Dose Amount	Route	Initials
Type:				Type:			
First Dose Date	Dose Amount	Route	Initials	Second Dose Date	Dose Amount	Route	Initials

CHIMPANZEE TREATMENT SHEETAnimal ID: 1260Animal Sex: ☒ M F (circle one)Animal Name: PhadeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003History: SEE RECORDS

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Enalapril 15mg P.O.
S.I.D. / U.F.N.**TREATMENT**

Date	Time of Treatment	Comments	Initials
12/1	7:00		(b)(6)
12/2	7:00		
12/3	7:00		
12/4	7:00		
12/5	7:00		
12/6	7:00		
12-7	7:00		
12-8	7:00		
12-9	7:00		
12-10	7:00		
12-11	7:00		
12-12	7:00		
12-13	7:00		
12-14	7:00		
12-15	7:00		
12-16	7:00		
12-17	7:00		
12-18	7:00		
12-19	7:00		
12-20	7:00		
12-21	7:00		
12-22	7:00		
12-23	7:00		
12-24	7:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: PhaedrusBldg # (b)(4) Den # Veterinarian: (b)(6)Time: Date: 10-29-2012History: SEE RECORDSample Collected: Time: Date: Diagnosis/Results: Prescribed Treatment (specify frequency and duration): Aspirin / 81 mg / P.O. /
S.I.D. / U.F.N.

TREATMENT

Date	Time of Treatment	Comments	Initials
12/1	7:00		(b)(6)
12/2	7:00		
12/3	7:00		
12/4	7:00		
12/5	7:00		
12/6	7:00		
12/7	7:00		
12/8	7:00		
12/9	7:00		
12/10	7:00		
12/11	7:00		
12/12	7:00		
12/13	7:00		
12/14	7:00		
12/15	7:00		
12/16	7:00		
12/17	7:00		
12/18	7:00		
12/19	7:00		
12/20	7:00		
12/21	7:00		
12/22	7:00		
12/23	7:00		
12/24	7:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: see Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Aspirin 181mg P.O. /
S.I.D. / U.F.N. /

TREATMENT

Date	Time of Treatment	Comments	Initials
11-1	7:00		(b)(6)
11-2	7:00		
11-3	7:00		
11-4	7:41		
11-5	7:00		
11-6	7:00		
11-7	7:00		
11-8	7:00		
11-9	7:00		
11-10	7:00		
11-11	7:00		
11-12	7:00		
11-13	7:00		
11-14	7:00		
11-15	7:00		
11-16	7:00		
11-17	7:00		
11-18	7:00		
11-19	7:00		
11-20	7:00		
11-21	7:00		
11-22	7:00		
11-23	7:00		
11-24	7:00		

(over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: PhaedrusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003History: SEE RECORD

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Enalapril 15mg P.O.S.I.D. / U.F.N.

TREATMENT

Date	Time of Treatment	Comments	Initials
11-1	7:00		(b)(6)
11-2	7:00		
11-3	7:00		
11-4	7:00		
11-5	7:00		
11-6	7:00		
11-7	7:00		
11-8	7:00		
11-9	7:00		
11-10	7:00		
11-11	7:00		
11-12	7:00		
11-13	7:00		
11-14	7:00		
11-15	7:00		
11-16	7:00		
11-17	7:00		
11-18	7:00		
11-19	7:00		
11-20	7:00		
11-21	7:00		
11-22	7:00		
11-23	7:00		
11-24	7:00		

(over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: GladeusBldg # (b)(4) Den # _____Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____ Time: _____ Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Enalapril / 15 mg / P.O. /
S.I.D. / U.F.N. /

TREATMENT

Date	Time of Treatment	Comments	Initials
10-1-17	7:00		(b)(6)
10-2	7:00		
10-3	7:00		
10-4	7:00		
10-5	7:00		
10-6	7:00		
10-7	7:00		
10-8	7:00		
10-9	7:00		
10-10	7:00		
10-11	7:00		
10-12	7:00		
10-13	7:00		
10-14	7:00		
10-15	7:00		
10-16	7:00		
10-17	7:00		
10-18	7:00		
10-19	7:00		
10-20	7:00		
10-21	7:00		
10-22	7:00		
10-23	7:00		
10-24	7:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4) Den # _____Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Aspirin / 81mg / P.O. /S.I.D. / U.F.N. /

TREATMENT

Date	Time of Treatment	Comments	Initials
10-1-17	7:00		(b)(6)
10-2	7:00		
10-3	7:00		
10-4	7:00		
10-5	7:00		
10-6	7:00		
10-7	7:00		
10-8	7:00		
10-9	7:00		
10-10	7:00		
10-11	7:00		
10-12	7:00		
10-13	7:00		
10-14	7:00		
10-15	7:00		
10-16	7:00		
10-17	7:00		
10-18	7:00		
10-19	7:00		
10-20	7:00		
10-21	7:00		
10-22	7:00		
10-23	7:00		
10-24	7:00		

(over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
9-1-17	6:30	2:00		(b)(6)
9-2-17	6:30	2:00		
9-3-17	6:30	2:00		
9-4-17	6:30	2:00		
9-5-17	6:30	2:00		
9-6-17	6:30	2:00		
9-7-17	6:30	2:00		
9-8-17	6:30	2:00		
9-9-17	7:00	2:00		
9-10	7:00	2:00		
9-11	6:30	2:00		
9-12	6:30	2:00		
9-13-17	6:30	2:00		
9-14-17	6:30	2:00		
9-15-17	6:30	2:00		
9-16-17	6:30	2:00		
9-17-17	6:30	2:00		
9-18-17	6:30	2:00		
9-19-17	6:30	2:00		
9-20-17	6:30	2:00		
9-21	7:00	2:00		
9-22	7:00	2:00		
23	7:00	2:00		
24	7:00	2:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1360Animal Sex: (M) F (circle one)Animal Name: Thaddeus

Bldg #

(b)(4)

Den #

Veterinarian:

Time:

Date: 10-29-2012History: See Record

Sample Collected:

Time:

Date:

Diagnosis/Results:

Prescribed Treatment (specify frequency and duration): 8mg Aspirin-low doseSID x UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
9-1-17	6:30		(b)(6)
9-2-17	6:30		
9-3-17	6:30		
9-4-17	6:30		
9-5-17	6:30		
9-6-17	6:30		
9-7-17	6:30		
9-8-17	6:30		
9-9-17	7:00		
9-10	7:00		
9-11	6:30		
9-12	6:30		
9-13-17	6:30		
9-14-17	6:30		
9-15-17	6:30		
9-16-17	6:30		
9-17-17	6:30		
9-18-17	6:30		
9-19-17	6:30		
9-20-17	6:30		
9-21	7:00		
9-22	7:00		
43	7:00		
24	7:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: Thaddeus

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x 14FNEnalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
9-1-17	6:30		(b)(6)
9-2-17	6:30		
9-3-17	6:30		
9-4-17	6:30		
9-5-17	6:30		
9-6-17	6:30		
9-7-17	6:30		
9-8-17	6:30		
9-9-17	7u		
9-10	7u		
9-11	6:30		
9-12	6:30		
9-13-17	6:30		
9-14-17	6:30		
9-15-17	6:30		
9-16-17	6:30		
9-17-17	6:30		
9-18-17	6:30		
9-19-17	6:30		
9-20-17	6:30		
9-21	7:00		
9-22	7:00		
23	7u		
24	7u		

PHYSICAL EXAMINATION

Date 9/21/17	Infectious Status HCV-C	Age - Years 35		Last Wt. (kg) 53.5	BCS 3
ID Number 1260	Name Thadous	DOB 11-4-82	Sex (M) F X	Wt (kg) 50.5	

Anesthetic/Sedation -- see Physical Exam Sedation Record and/or Anesthesia Monitoring Record

Temp. (F) 100.8	Heart Rate (Beats/Min) 104-110	Resp (resp/min) 26-30	SpO ₂ 96%	Blood Pressure 134/70 138/62, 133/59
--------------------	-----------------------------------	--------------------------	-------------------------	--

Parameters Examined

Only one observation is checked for each system; all others are "NA" - not applicable

System	Abnormal	Normal	Not observed	System	Abnormal	Normal	Not Observed
1. Integument		/		7. Neurologic		/	
2. Respiratory		/		8. Musculoskeletal		/	
3. Cardiovascular	/			9. Lymphatic		/	
4. Gastrointestinal		/		10. Endocrine	/		
5. Urogenital		/		11. Special Senses		/	
6. Cycle Stage/ Reproductive				12. CBC/CHEM			

Comments by number: (3) 1/5 syst, Thoracic Rad @, LVH (last echo) - Valved TR/mr
↳ slightly enlarged LV - globular

CBC: WANC

CHEM: ALP 158, Tbili 0.7, Glob 4.9

Master Problem List: Cardiac, Nephrotic Syndrome, Hepatic Angiodysplasia, HCV

Differential Diagnosis:

SUBMITTING (Only those items checked were submitted; others are "NA" - not applicable)

BLOOD TUBES

/ SMA
/ CBC
___ Coagulation
___ Urinalysis
___ Blood Culture

/ TB test (R) L eye
___ Fecal O&P
___ Fecal Culture
___ Occult Blood (Feces)
___ Perianal Tape Test

/ Radiographs
/ ECG
/ U/S
Other (List):

1 10ml SST
1 3ml Lithium Heparin
1 3ml EDTA

TREATMENT: O₂ ☒ Zivamer 1.0ml SID

Cont: Post Supp BID, Aspirin 8mg SID, Enoxaparin 15mg SID

HEALTH ASSESSMENT: (Good) Fair Poor

RISK: Normal At Risk (High Risk)

Signature:

(b)(6)

Date:

9/21/17

PHYSICAL EXAM SEDATION RECORD

Animal number/name: 1260 Thadeus Weight (kg): 53.5 Date: 9-21-2017

Sedation Method: dart / injection

Veterinarian: b)(6)

0
↓

↓

↓

Injection Induction (down) Recovery (able to sit up)

Time: 9:50 am / pm Time: 9:56 am / pm Time: 11:22 am / pm

Initial Dosage (ml) Telazol: 1.6 (The standard dose is 3 mg/kg, IM)

Supplements (ml) Telazol/Ketamine: _____ am / pm _____ IM / IV

Supplements (ml) Telazol/Ketamine: _____ am / pm _____ IM / IV

Supplements (ml) Telazol/Ketamine: _____ am / pm _____ IM / IV

Current Weight (kg): 50.5 Re-tattoo Y N

COMMENTS: _____

TUBERCULOSIS TEST READING SCHEDULE

Location: (b)(4) DenDate Administered: 9-21-2017

Veterinarian: (b)(6)

Site of Injection: R Eye ☒ L Eye ☐Lot #: 444X Exp Date: 6-17-18

Animal Number/Name	Sex	Weight (kgs)	Age	GRADE*			Reader's Initials
				24 hrs	48 hrs	72 hrs	
753 Nick-EI	Female			0	0	(b)(6)	(b)(6)
813 Cora	↓			0	0	0	↓
1349 Olivia	↓			0	0	0	↓
						0	(b)(6)
902 Bert	male			0	0	0	↓
1210 Thaddeus	↓			0	0	0	↓
CR0112 HAZKAT	↓			0	0	✓0	✓✓

*Grade	Reaction	Result
0	No visible change	Negative
1 (+)	Bruising	Negative
2 (+)	Various degrees of erythema w/o swelling	Negative
3 (+)	Various degrees of erythema with minimal swelling or slight swelling without erythema	Suspect
4 (+)	Obvious swelling of the palpebrum with drooping of the eyelid and various degrees of erythema (May appear pustular/exudates)	Positive
5 (+)	Eye closed, swelling and/or necrosis	Positive

RADIOLOGY RECORDANIMAL NUMBER/NAME: 120 ThadensDATE: 9/21/17

SPECIES: Pan troglodytes

VETERINARIAN:

(b)(6)

SEX: ☒ Male ☐ FemaleTECHNICIAN:

(b)(6)

ANESTHETIC: ☒ Yes ☐ NoBODY PART & SIZE (cm): Chest 23

RADIOGRAPHIC TECHNIQUE:

GRID: ☒ Yes ☐ NoMA: 3.0 TIME: _____DISTANCE: (FFD): 40KVP: 105

EVALUATION: _____

globoid heart - LV

EVALUATED BY: _____

DENTITION RECORDDATE: 9/21/17ANIMAL NAME: Thaddeus ANIMAL NO. 1260

	Right							Left								
	M3	M2	M1	PM2	PM1	C	I2	I1	I1	I2	C	PM1	PM2	M1	M2	M3
Upper							X	X								
Lower																

Blank space = tooth present

X = tooth missing

B = Tooth broken

D = Present but diseased

Comments: _____

CHIMPANZEE TREATMENT SHEET

Animal ID: 1360Animal Sex: (M) F (circle one)Animal Name: Thademo

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x 14FNEnalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
8-1-17	6:30		(b)(6)
8-2-17	6:30		
8-3-17	6:30		
8-4-17	6:30		
8-5-17	6:30		
8-6-17	6:30		
8-7-17	6:30		
8-8-17	6:30		
8-9-17	6:30		
8-10-17	6:30		
8-11-17	6:30		
8-12-17	6:30		
8-13-17	6:30		
8-14-17	6:30		
8-15-17	6:30		
8-16-17	6:30		
8-17-17	6:30		
8-18-17	6:30		
8-19-17	6:30		
8-20-17	6:30		
8-21-17	6:30		
8-22-17	6:30		
8-23-17	6:30		
8-24-17	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-27-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 8mg Aspirin-low dose
SID x UFN

TREATMENT.

Date	Time of Treatment	Comments	Initials
8-1-17	6:30		(b)(6)
8-2-17	6:30		
8-3-17	6:30		
8-4-17	6:30		
8-5-17	6:30		
8-6-17	6:30		
8-7-17	6:30		
8-8-17	6:30		
8-9-17	6:30		
8-10-17	6:30		
8-11-17	6:30		
8-12-17	6:30		
8-13-17	6:30		
8-14-17	6:30		
8-15-17	6:30		
8-16-17	6:30		
8-17-17	6:30		
8-18-17	6:30		
8-19-17	6:30		
8-20-17	6:30		
8-21-17	6:30		
8-22-17	6:30		
8-23-17	6:30		
8-24-17	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThademaBldg # (b)(4)

Den # _____

Veterinarian (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
8-1-17	6:30	2:00		(b)(6)
8-2-17	6:30	2:00		
8-3-17	6:30	2:00		
8-4-17	6:30	2:00		
8-5-17	6:30	2:00		
8-6-17	6:30	2:00		
8-7-17	6:30	2:00		
8-8-17	6:30	2:00		
8-9-17	6:30	2:00		
8-10-17	6:30	2:00		
8-11-17	6:30	2:00		
8-12-17	6:30	2:00		
8-13-17	6:30	2:00		
8-14-17	6:30	2:00		
8-15-17	6:30	2:00		
8-16-17	6:30	2:00		
8-17-17	6:30	2:00		
8-18-17	6:30	2:00		
8-19-17	6:30	2:00		
8-20-17	6:30	2:00		
8-21-17	6:30	2:00		
8-22-17	6:30	2:00		
8-23-17	6:30	2:00		
8-24-17	6:30	2:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
7-1-17	6:30	2:00		(b)(6)
7-2-17	6:30	2:00		
7-3-17	6:30	2:00		
7-4-17	6:30	2:00		
7-5-17	6:30	2:00		
7-6-17	6:30	2:00		
7-7-17	6:30	2:00		
7-8	7:00	2:00		
7-9	7:00	2:00		
7-10-17	6:30	2:00		
7-11-17	6:30	2:00		
7-12-17	6:30	2:00		
7-13-17	6:30	2:00		
7-14-17	6:30	2:00		
7-15-17	6:30	2:00		
7-16-17	6:30	2:00		
7-17-17	6:30	2:00		
7-18-17	6:30	2:00		
7-19-17	6:30	2:00		
7-20-17	7:00	2:00		
7-21-17	7:00	2:00		
7-22-17	6:30	2:00		
7-23-17	6:30	2:00		
7-24-17	6:30	2:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: Thaddeus

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x 14FNEnalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
7-1-17	6:30		(b)(6)
7-2-17	6:30		
7-3-17	6:30		
7-4-17	6:30		
7-5-17	6:30		
7-6-17	6:30		
7-7-17	6:30		
7-8	7:00		
7-9	7:00		
7-10-17	6:30		
7-11-17	6:30		
7-12-17	6:30		
7-13-17	6:30		
7-14-17	6:30		
7-15-17	6:30		
7-16-17	6:30		
7-17-17	6:30		
7-18-17	6:30		
7-19-17	6:30		
7-20-17	7:00		
7-21-17	7:00		
7-22-17	6:30		
7-23-17	6:30		
7-24-17	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1360Animal Sex: M F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 8mg Aspirin-low dose
SID x UFN

TREATMENT.

Date	Time of Treatment	Comments	Initials
7-1-17	6:30		(b)(6)
7-2-17	6:30		
7-3-17	6:30		
7-4-17	6:30		
7-5-17	6:30		
7-6-17	6:30		
7-7-17	6:30		
7-8	7:00		
7-9	7:00		
7-10-17	6:30		
7-11-17	6:30		
7-12-17	6:30		
7-13-17	6:30		
7-14-17	6:30		
7-15-17	6:30		
7-16-17	6:30		
7-17-17	6:30		
7-18-17	6:30		
7-19-17	6:30		
7-20-17	7:00		
7-21-17	7:00		
7-22-17	6:30		
7-23-17	6:30		
7-24-17	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID x 14FN

TREATMENT

Date	Time of Treatment	Comments	Initials
6-1-17	6:30 2:00		(b)(6)
6-2-17	6:30 2:00		
6-3-17	6:30 2:00		
6-4-17	6:30 2:00		
6-5-17	6:30 2:00		
6-6-17	6:30 2:00		
6-7-17	6:30 2:00		
6-8-17	6:30 2:00		
6-9-17	6:30 2:00		
6-10-17	6:30 2:00		
6-11-17	6:30 2:00		
6-12-17	6:30 2:00		
6-13-17	6:30 2:00		
6-14-17	6:30 2:00		
6-15-17	6:30 2:00		
6-16-17	6:30		
6-17-17	6:30 2:00		
6-18-17	6:30 2:00		
6-19-17	6:30 2:00		
6-20-17	6:30 2:00		
6-21-17	6:30 2:00		
6-22-17	6:30 2:00		
6-23-17	6:30 2:00		
6-24-17	6:30 2:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1360Animal Sex: (10) F (circle one)Animal Name: Thaddeus

Bldg #

(b)(4)

Den #

Veterinarian:

(b)(6)

Time:

Date: 10-27-2012History: See Record

Sample Collected:

Time:

Date:

Diagnosis/Results:

Prescribed Treatment (specify frequency and duration): 8mg Aspirin-low doseSID x UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
10-1-17	10:30		(b)(6)
10-2-17	10:30		
10-3-17	10:30		
10-4-17	10:30		
10-5-17	10:30		
10-6-17	10:30		
10-7-17	10:30		
10-8-17	10:30		
10-9-17	10:30		
10-10-17	10:30		
10-11-17	10:30		
10-12-17	10:30		
10-13-17	10:30		
10-14-17	10:30		
10-15-17	10:30		
10-16-17	10:30		
10-17-17	10:30		
10-18-17	10:30		
10-19-17	10:30		
10-20-17	10:30		
10-21-17	10:30		
10-22-17	10:30		
10-23-17	10:30		
10-24-17	10:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: Thaddeus

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x 14ENEnalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
6-1-17	6:30		(b)(6)
6-2-17	6:30		
6-3-17	6:30		
6-4-17	6:30		
6-5-17	6:30		
6-6-17	6:30		
6-7-17	6:30		
6-8-17	6:30		
6-9-17	6:30		
6-10-17	6:30		
6-11-17	6:30		
6-12-17	6:30		
6-13-17	6:30		
6-14-17	6:30		
6-15-17	6:30		
6-16-17	6:30		
6-17-17	6:30		
6-18-17	6:30		
6-19-17	6:30		
6-20-17	6:30		
6-21-17	6:30		
6-22-17	6:30		
6-23-17	6:30		
6-24-17	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: Thadema

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x 14EN
Enalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
5-1-17	6:30		(b)(6)
5-2-17	6:30		
5-3-17	6:30		
5-4-17	6:30		
5-5-17	6:30		
5-6	7:00		
5-7	7:00		
5-8-17	6:30		
5-9-17	6:30		
5-10-17	6:30		
5-11-17	6:30		
5-12-17	6:30		
5-13-17	6:30		
5-14-17	6:30		
5-15-17	6:30		
5-16-17	6:30		
5-17-17	6:30		
5-18-17	6:30		
5-19-17	7:00		
5-20-17	6:30		
5-21-17	6:30		
5-22-17	6:30		
5-23-17	6:30		
5-24-17	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1360Animal Sex: (M) F (circle one)Animal Name: Thadema

Bldg #

(b)(4)

Den #

Veterinarian:

(b)(6)

Time:

Date: 10-27-2012History: See Record

Sample Collected:

Time:

Date:

Diagnosis/Results:

Prescribed Treatment (specify frequency and duration): 81mg Aspirin-low dose
SID x UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
5-1-17	6:30		(b)(6)
5-2-17	6:30		
5-3-17	6:30		
5-4-17	6:30		
5-5-17	6:30		
5-6	7:00		
5-7	7:00		
5-8-17	6:30		
5-9-17	6:30		
5-10-17	6:30		
5-11-17	6:30		
5-12-17	6:30		
5-13-17	6:00		
5-14-17	6:00		
5-15-17	6:30		
5-16-17	6:30		
5-17-17	6:30		
5-18-17	6:30		
5-19-17	7:00		
5-20-17	6:30		
5-21-17	6:30		
5-22-17	6:30		
5-23-17	6:30		
5-24-17	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThademaBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID X 14FN

TREATMENT

Date	Time of Treatment	Comments	Initials
5-1-17	6:30		(b)(6)
5-2-17	6:30		
5-3-17	6:30		
5-4-17	6:30		
5-5-17	6:30		
5-6	7:00		
5-7	7:00		
5-10-17	6:30		
5-9	6:30		
5-10	6:30		
5-11-17	6:30		
5-12-17	6:30		
5-13-17	6:00		
5-14-17	6:00		
5-15-17	6:30		
5-16-17	6:30		
5-17-17	6:30		
5-18-17	6:30		
5-19-17	7:00		
5-20-17	6:30		
5-21-17	6:30		
5-22-17	6:30		
5-23-17	6:30		
5-24-17	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThademaBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID X 12FN

TREATMENT

Date	Time of Treatment	Comments	(b)(6)
4-1-17	6:00 2:00		
4-2-17	6:00 2:00		
4-3-17	6:00 2:00		
4-4-17	6:30 2:00		
4-5-17	6:30 2:00		
4-6-17	6:30 2:00		
4-7-17	6:30 2:00		
4-8-17	6:30 2:00		
4-9-17	6:30 2:00		
4-10-17	6:30 2:00		
4-11-17	6:30 2:00		
4-12-17	6:30 2:00		
4-13-17	6:30 2:00		
4-14-17	6:30 2:00		
4-15-17	6:30 2:00		
4-16-17	6:30 2:00		
4-17-17	6:30 2:00		
4-18-17	6:30 2:00		
4-19-17	6:30 2:00		
4-20-17	6:30 2:00		
4-21-17	6:30 2:00		
4-22-17	6:30 2:00		
4-23-17	6:00 2:00		
4-24-17	6:00 2:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1360Animal Sex: (M) F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 8mg Aspirin-low dose
SID x 4FN

TREATMENT

Date	Time of Treatment	Comments	Initials
4-1-17	6:00		(b)(6)
4-2-17	6:10		
4-3-17	6:00		
4-4-17	6:30		
4-5-17	6:30		
4-6-17	6:30		
4-7-17	6:30		
4-8-17	6:30		
4-9-17	6:30		
4-10-17	6:30		
4-11-17	6:30		
4-12-17	6:30		
4-13-17	6:30		
4-14-17	6:30		
4-15-17	6:30		
4-16-17	6:30		
4-17-17	6:30		
4-18-17	6:30		
4-19-17	6:30		
4-20-17	6:30		
4-21-17	6:30		
4-22-17	6:30		
4-23-17	6:00		
4-24-17	6:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: (M) F (circle one)Animal Name: Thaddeus

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x 14FNEnalapril

TREATMENT

Date	Time of Treatment	Comments	Initials
4-1-17	6:00		(b)(6)
4-2-17	6:10		
4-3-17	6:00		
4-4-17	6:30		
4-5-17	6:30		
4-6-17	6:30		
4-7-17	6:30		
4-8-17	6:30		
4-9-17	6:30		
4-10-17	6:30		
4-11-17	6:30		
4-12-17	6:30		
4-13-17	6:30		
4-14-17	6:30		
4-15-17	6:30		
4-16-17	6:30		
4-17-17	6:30		
4-18-17	6:30		
4-19-17	6:30		
4-20-17	6:30		
4-21-17	6:50		
4-22-17	6:30		
4-23-17	6:16		
4-24-17	6:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThademaBldg # (b)(4) X

Den # _____

Veterinarian: (b)(6)

Time _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 8mg Aspirin-low dose
SID x UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
3-1-17	6:30		(b)(6)
3-2-17	6:30		
3-3-17	6:30		
3-4-17	6:30		
3-5-17	6:30		
3-6-17	6:30		
3-7-17	6:30		
3-8-17	6:30		
3-9-17	6:30		
3-10-17	6:30		
3-11-17	6:30		
3-12-17	6:30		
3-13-17	6:30		
3-14-17	6:30		
3-15-17	6:30		
3-16-17	6:30		
3-17-17	6:30		
3-18-17	6:30		
3-19-17	6:30		
3-20-17	6:30		
3-21-17	6:30		
3-22-17	6:30		
3-23-17	6:30		
3-24-17	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: Thadema

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x 14FNEnclapril

TREATMENT

Date	Time of Treatment	Comments	Initials
3-1-17	6:30		(b)(6)
3-2-17	6:30		
3-3-17	6:30		
3-4-17	6:30		
3-5-17	6:30		
3-6-17	6:30		
3-7-17	6:30		
3-8-17	6:30		
3-9-17	6:30		
3-10-17	6:30		
3-11-17	6:30		
3-12-17	6:30		
3-13-17	6:30		
3-14-17	6:30		
3-15-17	6:30		
3-16-17	6:30		
3-17-17	6:30		
3-18-17	6:30		
3-19-17	6:30		
3-20-17	6:30		
3-21-17	6:30		
3-22-17	6:30		
3-23-17	6:30		
3-24-17	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThademaBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID XUFN

TREATMENT

Date	Time of Treatment		Comments	Initials
3-1-17	6:30	2:00		(b)(6)
3-2-17	6:30	2:00		
3-3-17	6:30	2:00		
3-4-17	6:30	2:00		
3-5-17	6:30	2:00		
3-6-17	6:30	2:00		
3-7-17	6:30	2:00		
3-8-17	6:30	2:00		
3-9-17	6:30	2:00		
3-10-17	6:30	2:00		
3-11-17	6:30	2:00		
3-12-17	6:30	2:00		
3-13-17	6:30	2:00		
3-14-17	6:30	2:00		
3-15-17	6:30	2:00		
3-16-17	6:30	2:00		
3-17-17	6:30	2:00		
3-18-17	6:30	2:00		
3-19-17	6:30	2:00		
3-20-17	6:30	2:00		
3-21-17	6:30	2:00		
3-22-17	6:30	2:00		
3-23-17	6:30	2:00		
3-24-17	6:30	2:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: 6 F (circle one)Animal Name: ThaddeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-27-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 8mg Aspirin-low dose
SID x uFN

TREATMENT

Date	Time of Treatment	Comments	In/Rel
2-1-17	6:30		(b)(6)
2-2-17	7:00		
2-3-17	7:00		
2-4-17	6:30		
2-5-17	6:30		
2-6-17	6:30		
2-7-17	6:30		
2-8-17	6:30		
2-9-17	6:30		
2-10-17	6:30		
2-11-17	6:30		
2-12-17	6:30		
2-13-17	6:30		
2-14-17	6:30		
2-15-17	6:30		
2-16-17	6:30		
2-17-17	6:30		
2-18-17	6:30		
2-19-17	6:30		
2-20-17	6:30		
2-21-17	6:30		
2-22-17	6:30		
2-23-17	6:30		
2-24-17	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: Thadene

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 15mg SID x 14FN
Enalapril

TREATMENT

Date	Time of Treatment	Comments	(b)(6)
2-1-17	6:30		
2-2-17	7:00		
2-3-17	7:00		
2-4-17	6:30		
2-5-17	6:30		
2-6-17	6:30		
2-7-17	6:30		
2-8-17	6:30		
2-9-17	6:30		
2-10-17	6:30		
2-11-17	6:30		
2-12-17	6:30		
2-13-17	6:30		
2-14-17	6:30		
2-15-17	6:30		
2-16-17	6:30		
2-17-17	6:30		
2-18-17	10:30		
2-19-17	6:30		
2-20-17	6:30		
2-21-17	6:30		
2-22-17	6:30		
2-23-17	6:30		
2-24-17	6:30		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThadeusBldg # (b)(4)

Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): Protein Supplement
BID x 14FN

TREATMENT

Date	Time of Treatment		Comments	Initials
2-1-17	6:30	2:00		(b)(6)
2-2-17	7:00	2:00		
2-3-17	7:00	2:00		
2-4-17	6:30	2:00		
2-5-17	6:30	2:00		
2-6-17	6:30	2:00		
2-7-17	6:30	2:00		
2-8-17	6:30	2:00		
2-9-17	6:30	2:00		
2-10-17	6:30	2:00		
2-11-17	6:30	2:00		
2-12-17	6:30	2:00		
2-13-17	6:30	2:00		
2-14-17	6:30	2:00		
2-15-17	6:30	2:00		
2-16-17	6:30	2:00		
2-17-17	6:30	2:00		
2-18-17	6:30	2:00		
2-19-17	6:30	2:00		
2-20-17	6:30	2:00		
2-21-17	6:30	2:00		
2-22-17	6:30	2:00		
2-23-17	6:30	2:00		
2-24-17	6:30	2:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: ThaddeusBldg # ^{(b)(4)} Den # Veterinarian: ^{(b)(6)} Time: Date: 10-29-2012History: See RecordSample Collected: Time: Date: Diagnosis/Results: Prescribed Treatment (specify frequency and duration): Protein Supplement
BID X 14FN

TREATMENT

Date	Time of Treatment		Comments	Initials
1/1	7:00	2:00		(b)(6)
1-2-17	6:30	2:00		
1-3-17	6:30	2:00		
1-4-17	6:30	2:00		
1-5-17	6:30	2:00		
1-6-17	6:30	2:00		
1-7-17	6:30	2:00		
1-8-17	6:00	2:00		
1-9-17	6:00	2:00		
1-10-17	6:00	2:00		
1-11-17	6:30	2:00		
1-12-17	7:00	2:00		
1-13-17	6:30	2:00		
1-14-17	6:30	2:00		
1-15-17	6:30	2:00		
1-16-17	6:30	2:00		
1-17-17	6:30	2:00		
1-18-17	6:30	2:00		
1-19-17	6:30	2:00		
1-20-17	6:30	2:00		
1/21	7:00	2:00		
1/22	7:00	2:00		
1-23-17	6:30	2:00		
1-24-17	6:30	2:00		

CHIMPANZEE TREATMENT SHEET

Animal ID: 1360Animal Sex: (M) F (circle one)Animal Name: Thaddeus

Bldg #

Den #

Veterinarian: (b)(6)

Time:

Date: 10-29-2012History: See Record

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 81mg Aspirin-low dose
SID x UFN

TREATMENT

Date	Time of Treatment	Comments	Initials
1/1	7:00		(b)(6)
1-2-17	6:30		
1-3-17	6:30		
1-4-17	6:30		
1-5-17	6:30		
1-6-17	6:30		
1-7-17	6:30		
1-8-17	6:00		
1-9-17	6:00		
1-10-17	6:00		
1-11-17	6:30		
1-12-17	7:00		
1-13-17	6:30		
1-14-17	6:30		
1-15-17	6:30		
1-16-17	6:30		
1-17-17	6:30		
1-18-17	6:30		
1-19-17	6:30		
1-20-17	6:30		
1/21	7:00		
1/22	7:00		
1-23-17	6:30		
1-24-17	6:30		

(over)

CHIMPANZEE TREATMENT SHEET

Animal ID: 1260Animal Sex: ☒ M ☐ F (circle one)Animal Name: Thaddeus

Bldg # _____ Den # _____

Veterinarian: (b)(6)

Time: _____

Date: 1-28-2003

History: _____

Sample Collected: _____

Time: _____

Date: _____

Diagnosis/Results: _____

Prescribed Treatment (specify frequency and duration): 5mg SID x 14FNEnalapril

TREATMENT

Date	Time of Treatment	Comments	(b)(6)
1/1	7:00		
1-2-17	6:30		
1-3-17	6:30		
1-4-17	6:30		
1-5-17	6:30		
1-6-17	6:30		
1-7-17	6:30		
1-8-17	6:30		
1-9-17	6:30		
1-10-17	6:30		
1-11-17	6:30		
1-12-17	7:00		
1-13-17	6:30		
1-14-17	6:30		
1-15-17	6:30		
1-16-17	6:30		
1-17-17	6:30		
1-18-17	6:30		
1-19-17	6:30		
1-20-17	6:30		
1/21	7:00		
1/22	7:00		
1-23-17	6:30		
1-24-17	6:30		

INDIVIDUAL WEIGHTS -- DEWORMING -- VACCINATIONS

Animal Number: 1260	Name: Phadens	Sex: ☒ M ☐ F ☐ X
DOB: 11-4-1982	Age:	Location: Building (b)(4) Den

YEAR _____

WEIGHTS BY MONTH		
Date (00/00/00)	Weight	Initials
2-3-16	50	(b)(6)
5-11-16	49.5	

VACCINATIONS & OTHER			
Q3YR RABIES: Imrab 3; Route SQ; Dose Amount 1ml			
Q6YR TETANUS TOXOID: Route IM; Dose Amount 0.5ml			
Date (00/00/00)	Manufacturer/Type/ Route/Dose Amount	Serial #	Initials

DEWORMING							
Type = Panacur or Ivomec ; Route = Per Os, IM, SQ ; Panacur Dose=1ml per 10 kg; Ivomec Dose=0.2mg per kg							
Type:				Type:			
First Dose Date	Dose Amount	Route	Initials	Second Dose Date	Dose Amount	Route	Initials
Type:				Type:			
First Dose Date	Dose Amount	Route	Initials	Second Dose Date	Dose Amount	Route	Initials
Type:				Type:			
First Dose Date	Dose Amount	Route	Initials	Second Dose Date	Dose Amount	Route	Initials

PHYSICAL EXAMINATION

Date 1/18/19	Infectious Status HCV-C	Age - Years 36		Last Wt. (kg) 56.0	BCS 3
ID Number 1260	Name Ghadeus	DOB 11-04-1982	Sex (M) F X	Wt (kg) 53.5	

Anesthetic/Sedation -- see Physical Exam Sedation Record and/or Anesthesia Monitoring Record

Temp. (F) 101.3	Heart Rate (Beats/Min) 101-116	Resp (resp/min) 34	SpO ₂ 97-98	Blood Pressure 123/51, 101/64, 117/55 135/87, 139/74
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Parameters Examined

Only one observation is checked for each system; all others are "NA" - not applicable

System	Abnormal	Normal	Not observed	System	Abnormal	Normal	Not Observed
1. Integument		/		7. Neurologic		/	
2. Respiratory		/		8. Musculoskeletal		/	
3. Cardiovascular	/			9. Lymphatic		/	
4. Gastrointestinal		/		10. Endocrine	/		
5. Urogenital		/		11. Special Senses		/	
6. Cycle Stage/ Reproductive				12. CBC/CHEM			

Comments by number: ③ Cardiac Eval: LVH w/ mitral valve dz, VPC, 2/6 systolic murmur
 CBC: RBC 4.85
 Chem: ALB 2.5, ALP 184, Bld 5.1

Master Problem List: HCV-C, Cardiac - Arrhythmia, murmur, structural
 Nephrotic Syndrome, Hepatic Amyloidosis
 4 Anemia

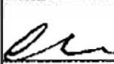
Differential Diagnosis:

SUBMITTING (Only those items checked were submitted;
 others are "NA" - not applicable)

BLOOD TUBES

☒ SMA	☒ TB test (R) L eye	☐ Radiographs	1 10ml SST
☐ CBC	☐ Fecal O&P	☐ ECG	1 3ml Lithium Heparin
☐ Coagulation	☐ Fecal Culture	☐ U/S	1 3ml EDTA
☐ Urinalysis	☐ Occult Blood (Feces)	Other (List):	
☐ Blood Culture	☐ Perianal Tape Test		

TREATMENT: O₂ ☐ Enalapril 1.1 ml SQ
 Cont: Enalapril 15mg SQ, Aspirin 8mg SQ, Prot supp.

HEALTH ASSESSMENT: Good Fair Poor	RISK: Normal At Risk High Risk
Signature: 	Date: 1/18/19

VetScan H12

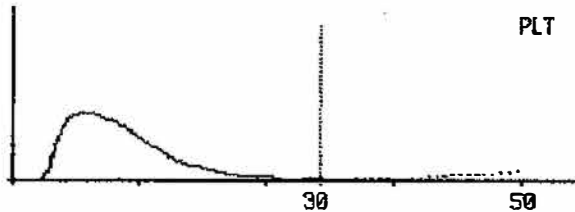
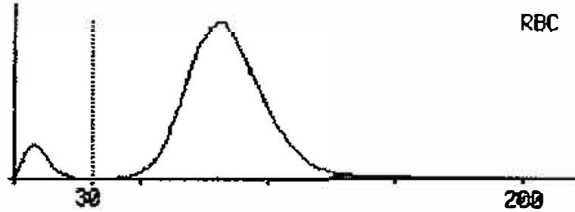
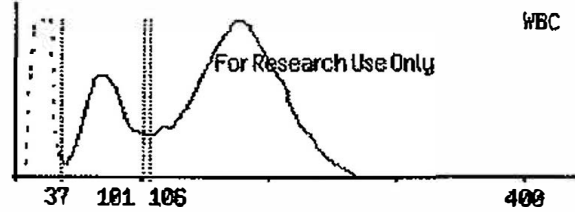
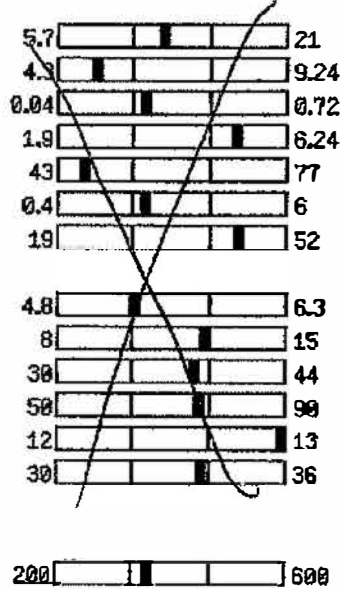
SmpID	23	Mode	Primate
PatID	1260	Doctor	(b)(6)
Name	thadeus	Sex	Male
Test date	01.18.2019 01:20 PM	S/N	270375
Report date	01.18.2019 01:20 PM		

!!!For Research Use Only!!!

WBC	11.95	$10^9/L$
LYM	2.86	$10^9/L$
MON	0.16	$10^9/L$
GRA	8.94	$10^9/L$
LY%	23.9	%
MO%	1.3	%
GR%	74.8	%

RBC	4.85	$10^{12}/L$
HGB	14.6	g/dl
HCT	41.34	%
MCV	85	fL
MCH	30.2	pg
MCHC	35.4	g/dL
RDWc	15.5	%

PLT	281	$10^9/L$
PCT	0.28	%
MPV	9.9	fL
PDWc	38.6	%



1260
Thadeus
18-Jan-19

VETSCAN VS2

COMPREHENSIVE DIAGNOSTIC

18 JAN 2019	02:03 PM
SAMPLE TYPE:	OTHER
PATIENT ID:	1260
ROTOR LOT NUMBER:	02946A1
SERIAL NUMBER:	0000V02274

ALB	2.5	G/DL
ALP	164	U/L
ALT	43	U/L
AMY	34	U/L
TBIL	0.6	MG/DL
BUN	11	MG/DL
CA	9.9	MG/DL
PHOS	2.5	MG/DL
CRE	1.1	MG/DL
GLU	64	MG/DL
NA+	134	MMOL/L
K+	3.9	MMOL/L
TP	7.6	G/DL
GLOB	5.1	G/DL

QC	OK
MEAN	0
LIP	0
LOT	0

REALTIME REPORT

NAME: THADEUS

ID #: 1260

BED #:

HEIGHT: Unspecified

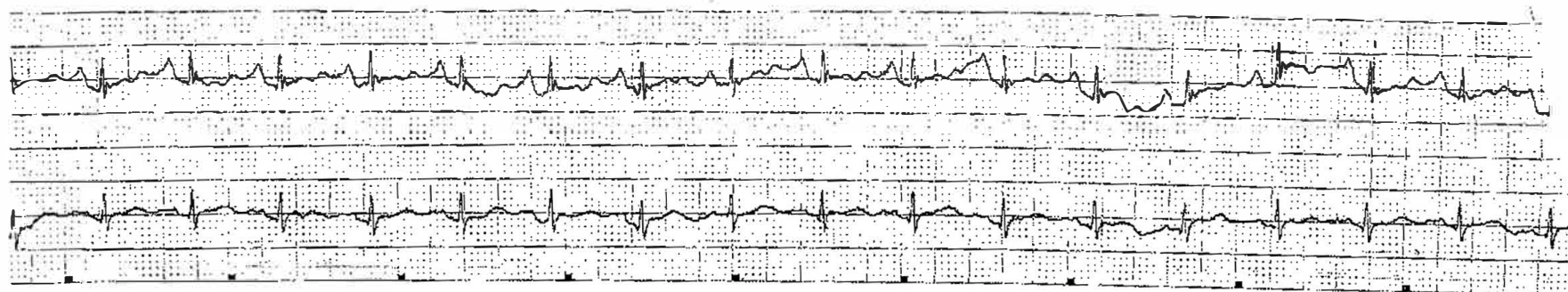
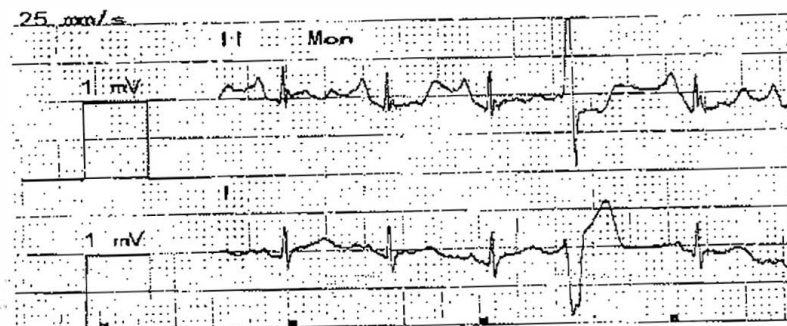
WEIGHT: Unspecified

DATE OF BIRTH: Unspecified

RECORD TIME: 01/18/2019

12:42:49 PM

HR(EGG)	109	BPM
RESP(EGG(1))	34	RPM
TEMP	101.3	°F
SpO2	---	%
PR	---	BPM
NIBP	123/51(77)	mmHg
	12:41:20 PM	



QUICK TREND

NAME: THADEUS

ID #: 1260

BED #:

HEIGHT: Unspecified

WEIGHT: Unspecified

DATE OF BIRTH: Unspecified

Time

HR(BPM)	---
SpO2(%)	---
NIBP(mmHg)	---
CO2(Insp/Ex)(mmHg)	---

01/18/19
12:41 PM

01/18/19
12:43 PM

01/18/19
12:45 PM

01/18/19
12:47 PM

01/18/19
12:49 PM

HR(BPM)	116
SpO2(%)	---
NIBP(mmHg)	123/51(77)
CO2(Insp/Ex)(mmHg)	---

HR(BPM)	101
SpO2(%)	97
NIBP(mmHg)	101/64(71)
CO2(Insp/Ex)(mmHg)	---

HR(BPM)	107
SpO2(%)	97
NIBP(mmHg)	117/55(79)
CO2(Insp/Ex)(mmHg)	---

HR(BPM)	110
SpO2(%)	98
NIBP(mmHg)	135/87(98)
CO2(Insp/Ex)(mmHg)	---

HR(BPM)	105
SpO2(%)	---
NIBP(mmHg)	139/74(97)
CO2(Insp/Ex)(mmHg)	---

RECORD TIME: 01/18/2019

12:50:50 PM

DENTITION RECORDDATE: 1/19/19ANIMAL NAME: PhaedrusANIMAL NO. 1260

	Right							Left								
	M3	M2	M1	PM2	PM1	C	I2	I1	I1	I2	C	PM1	PM2	M1	M2	M3
Upper							X	X								
Lower																

Blank space = tooth present

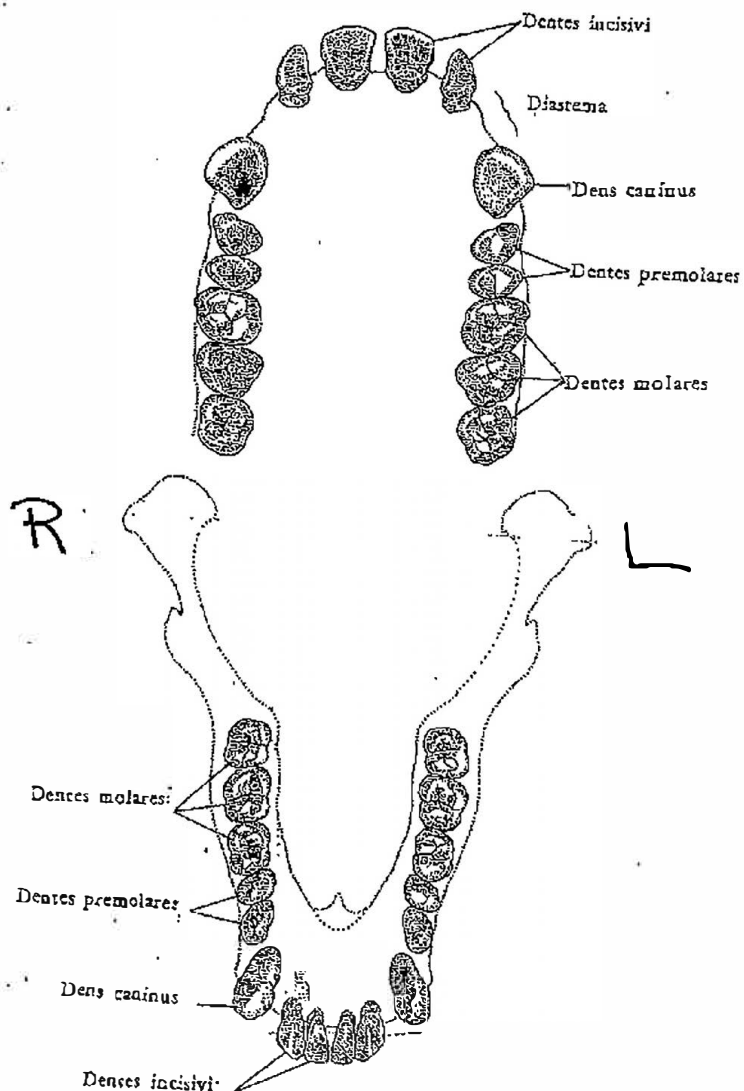
X = tooth missing

B = Tooth broken

D = Present but diseased

Comments: _____

Comments: _____



CARDIAC EVALUATION

NUMBER/NAME: 1260 Thadeus
 DATE: 1/18/19
 WEIGHT: 53.5 kg

AGE: 36
 SEX: MA
 ANESTHETIC: Telazol

History: 1/5 systolic, Rad - 1 LV size HCV-C Last Echocard 9/13
Nephrotic Syndrome
Hepatic Amyloidosis
1° Valve dz vs Cardiomyopathy

Current Meds:
Enalapril 15 mg SID
Aspirin 81 mg SID
Prot Suppl. BID

Physical Examination:
Grade 2/6 systolic murmur
PM - WNC
good pulses

Thoracic radiographs:

Date:

BP (average)
117/55 (79)

Electrocardiogram-- HR 110 PR QRS QT R_{II}
 Rhythm Sinus w/ VPC

Echocardiogram:

LVIDd (cm): 4.51 Transmittal flow: E-0.97 m/s
 LVIDs (cm): 2.29 A-0.87 m/s
 SF (%): 50 DT-180 ms
 IVS (cm): 1.23
 PW (cm): 1.64 LVFW mildly thickened with other-
 AO (cm): 2.70 wise normal heart size
 LA (cm): 3.67 NR systolic fracture
 EPSS (cm): Mild MR, TR + A1
 LA (Long axis): 4.08
 RA (Long axis):
 PA Flow: 1.55 m/s
 AO Flow:

Diagnosis: Mild LVH with compensated mitral valve disease
VPC

Recommendations:
 1) Continue meds as previously
 2) Re-check in 1 year

(b)(6)