

DAILY RECORD OF CARE

ACEC Authority No.

Day of trial	Date	Feed Checked (Yes/No)	Water checked (yes/No)	Health Checked (Yes/No)	Procedures (e.g. treatments, samples taken, cleaning)	Number of animals/ cumulative mortality	Expected room temperature (where applicable)	Actual room temperature (where applicable)	Comments (e.g deaths, temperature issues)	Initials
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*new record sheet should be used for each month of trial