Vertebrate Animal Form (5A)

Required for all research involving vertebrate animals that is conducted in a Non-Regulated Research Site.
(SRC approval required before experimentation.)

Student's Name _____

Title of Project _____

To be completed by Student Researcher:

1. Common name (or Genus, species) and number of animals used.

2. Describe completely the housing and husbandry to be provided. Include the cage/pen size, number of animals per cage, environment, bedding, type of food, frequency of food and water, how often animal is observed, etc.

3. What will happen to the animals after experimentation?

To be completed by Scientific Review Committee (SRC) BEFORE experimentation

Level of Supervision Required for agricultural, behavioral or nutritional studies:

- ☐ Designated Supervisor REQUIRED. Please have applicable person sign below.
- ☐ Veterinarian and Designated Supervisor REQUIRED. Please have applicable persons sign below.
- ☐ Veterinarian, Designated Supervisor and Qualified Scientist REQUIRED. Please have applicable persons sign below and have the Qualified Scientist complete Form (2).

The SRC has carefully reviewed this study and finds it is an appropriate study and may be conducted in a non-regulated research site.

SRC Pre-Approval Signature:

SRC Chair Printed Name	Signature	Date of Approval
_____	_____	_____

To be completed by Veterinarian:

- ☐ I certify that I have reviewed this research and animal husbandry with the student before the start of experimentation.
- ☐ I certify that I will provide veterinary, medical and nursing care in case of illness or emergency.

Printed Name	Email/Phone
_____	_____

Signature	Date of Approval
_____	_____

To be completed by Designated Supervisor:

- ☐ I certify that I have reviewed this research and animal husbandry with the student before the start of experimentation and I accept primary responsibility for the care and handling of the animals in this project.
- ☐ I certify that I will directly supervise the experiment.

Printed Name	Email/Phone
_____	_____

Signature	Date of Approval
_____	_____