Reference SOP: Procedures for Nonstandard Feeding or Watering

Special Feeding/Watering Request Form

PI Name________________________________________________

Protocol #_______________________________________________

Species _________________________   Building and Room#______________

Is this for the entire room or just certain cages?__________________________

Are the cages and/or the room marked with Do Not Feed (or Water) signage?____ (If you are not sure how to mark the affected cages, contact the ARC Facility Manager)

Special Feeding___________ Special Watering_____________ Both________________

Describe what arrangements are needed:

________________________________________________________________________

Please sign:
I understand that this request indicates that our lab is instituting nonstandard feeding or watering that has been approved by the IACUC and that it is now the lab’s responsibility to check cages for food and water on a daily basis (including holidays and weekends) and to properly maintain the checklists or other documentation as required.

Signature;_____________________________ Date:______________

Printed name of individual making request and emergency contact information:

________________________________________________________________________

Names of other individuals who will be responsible for food and /or water duties.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

ARC Management use

After approval, notify the care staff and place a copy of this in the animal room.

ARC
Signature________________________ Date__________________________