

**Non-Human Vertebrate Animal Form (5)**  
**Required for all research involving nonhuman vertebrate animals.**  
**(SRC approval required before experimentation.)**

ATTENTION: *This form is not necessary if student uses only tissue from non-human vertebrates in the project.*

Student's Name \_\_\_\_\_

Title of Project \_\_\_\_\_

**To be completed by Student Researcher:**

1. Genus, species, common name of animal(s) used. **(Use separate animal form for each species used.)**  
\_\_\_\_\_
2. Where will animals be obtained? (See p. 17); Pet store animals, except fish and those used for behavioral studies, are inappropriate for research.  
\_\_\_\_\_
3. How many animals will be used? \_\_\_\_\_ Average weight \_\_\_\_\_
4. Cage size \_\_\_\_\_ Number of animals per cage \_\_\_\_\_
5. Type of food \_\_\_\_\_
6. How often fed and given water? \_\_\_\_\_
7. Type of bedding used (Do not use cedar chips, newspaper, or paper towels.) \_\_\_\_\_
8. Where will animals be housed? \_\_\_\_\_
9. Name the veterinarian who will provide veterinary medical and nursing care in case of illness or emergency **(required)**.  
D.V.M. \_\_\_\_\_ Name of Facility \_\_\_\_\_ Phone \_\_\_\_\_
10. Will animals be euthanized?     Yes     No  
If yes, why and by what method? \_\_\_\_\_ By whom? \_\_\_\_\_  
If no, what will happen to the animals after experimentation? \_\_\_\_\_

**To be completed by Animal Care Supervisor:**

Name \_\_\_\_\_

Position \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

Office Phone \_\_\_\_\_

I certify that I have discussed this research with the student prior to its start and will supervise and will accept primary responsibility for the quality of care and handling of the live vertebrate animals used by the above named student. I further certify that I am knowledgeable in the proper care and handling of laboratory animals, and meet prevailing animal care supervisory requirements. When an animal must be euthanized, I certify that I will perform the procedure, using recommended agents.

Animal Care Supervisor's Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date of Approval \_\_\_\_\_  
(Must be prior to experimentation.)

Title \_\_\_\_\_ Phone \_\_\_\_\_

Institution and Address \_\_\_\_\_