**ANIMAL HOUSING**

UNA INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

ANIMAL CARE AND USE APPLICATION

1) Colony/Housing Supervisor

Name

Department

Campus address

Campus phone number  Email

Rank:  Faculty  Student

If student, name of supervisor

Address and phone number of supervisor

Project status: new \*\*renewal

2) Colony/Housing Location**:**

3) Number and species of each animal held**:**

**Species Number Source**

*Completion and signing of this form are the responsibility of the faculty/staff member in charge. Completion of the approval process will fulfill Public Health Service and USDA Animal Welfare Act requirements, and will serve to remind users and the public of UNA’s commitment to humane care and use of animals.*

*In signing this form, I assure that discomfort and injury to animals will be avoided. I assure animals will be given adequate water and food. The living environment will be cleaned and maintained on a regular basis. I will consult with a veterinarian or euthanize the animal when an animal becomes seriously ill. I will immediately notify the IACUC of any serious illness in my colony. I further assure that licenses and permits for collecting wild animals (if appropriate) have been obtained and are attached to this document. I agree to comply with all UNA IACUC policies, procedures, all applicable state, and federal laws governing animal welfare.*

Faculty/Staff Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

For IACUC USE ONLY:  Approved  Disapproved

IACUC CHAIR/Authorized signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_

Attending Veterinarian (large mammals and birds only) –

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

\*\*This application must be submitted on a new complete form every **three** years, or more often if changes are made to the facility or species of animals held.

4) Briefly describe feeding and watering schedules for each species.

5) Indicate the maintenance schedule for cleaning of cages, tanks, etc. for each species.

6) Give name/names of personnel responsible for feeding and maintaining animal facilities as of the date this form is signed. Briefly describe prior experience of these individuals or training these individuals will receive**.**

7) Veterinary Care: Name of Veterinarian (include: address and phone number) who will be contacted in case of an animal emergency (large mammals and birds only).

8) Provide an emergency plan for your colony. This should include handling of the animals incase of power failure, natural disaster etc., that would result in any danger to the animal’s welfare.

9) Include emergency phone numbers of faculty and/or staff responsible for the colony. Also, include phone numbers of knowledgeable backup persons. The animal colony must be covered 24 hours a day, seven days a week including University holidays. (This information will be provided to the UNA Public Safety office for their use in case of an emergency). If none of the emergency contact individuals are available, Public Safety will contact the Dean of your college along with a local Veterinarian to address the emergency. The faculty member responsible for the colony will be financially accountable for any or all veterinarian charges and/or related charges.