

# SIMPSON COLLEGE



## ANIMAL CARE AND USE FORM

Name of primary investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Project will be held during:  Fall  Spring 20\_\_\_\_

Qualifications of primary investigator:

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Other personnel (e.g., students) involved with the project:

(Please initial by names to indicate that the personnel have been adequately trained in the care and use of laboratory animals.)

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Species:

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Number of animals: \_\_\_\_\_

Can this project be accomplished without the use of animals?  Yes  No

Brief project description (or attach research proposal):

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Brief description of housing and care of animals:

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Will surgical techniques be used and if so describe the anesthesia and sedation that will be administered? N/A

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Describe the disposition of the animals after the project and if euthanasia is necessary, describe the method used:

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**Committee use below this line:**

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Date of Committee Meeting: \_\_\_\_\_ 20\_\_\_\_

Approve    Disapprove    Approve with the following modification(s) \_\_\_\_\_

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Amy Doling, Chair

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Mark Gammon

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Ryan Rehmeier