

# 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:

- Observational study only. Veterinarian and Designated Supervisor NOT required.
- Agricultural, behavioral, nutritional study.
- 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 supervisor sign below and complete a Qualified Scientist Form (2).

The SRC has carefully reviewed this study and finds it is an appropriate study that 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