

**TVSEF Vertebrate Animal Form for a Non-Regulated Research Site
(TVSEF-5A)**

Senior Division Only

Required for all research involving vertebrate animals conducted in a Non-Regulated Research Site. SRC approval required prior to experimentation.

Student's Name _____

Title of Project _____

To be completed by Student Researcher:

1. Genus, species, common name of animal(s) used: _____

2. Where will animals be obtained? _____

3. How many animals will be used? _____ Average Weight _____

4. Number of animals per cage? _____ Cage/pen size _____

5. Type of food? _____ Frequency of food and water _____

6. Type of bedding used? _____
(Do not use cedar chips, newspaper, or paper towels.)

7. Where will animals be housed? _____

8. Who will provide veterinary medical and nursing care in case of illness or emergency?
Name of D.V.M. _____ Name of Facility _____

9. Will euthanasia of animals be necessary? Yes No

If yes, by what method? _____ By whom? _____

If no, what will happen to the animals after experimentation? _____

To be completed by Scientific Review Committee (SRC) prior to experimentation:

- Observational study only. Veterinarian and Designated Supervisor NOT required.
- Behavioral or nutritional study. Designated Supervisor REQUIRED. Please have applicable persons sign below.
- Behavioral or nutritional study. Veterinarian and Designated Supervisor REQUIRED. Please have applicable persons sign below.
- Behavioral or nutritional study. Veterinarian, Designated Supervisor and Qualified Scientist REQUIRED. Please have applicable persons sign below and complete a TVSEF Qualified Scientist Form (TVSEF-2).

The SRC has carefully reviewed this study and finds it is an appropriate study and may be conducted in a non-regulated research site.

SRC Pre-Approval Signature:

SCR 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 prior to the start of experimentation.
- I certify that I will provide veterinary medical and nursing care in case of illness or emergency.

Printed Name

E-mail/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 prior to the start of experimentation and I accept primary responsibility for the quality of care and handling of the animals in this project.
- I certify that I will directly supervise the experiment.

Printed Name

E-mail/Phone

Signature

Date of Approval