

AA-111.2.A, Plan for Housing Living Vertebrate Animals Supplemental Form

Plan Submitted By:			
Supervising Faculty Member Contact Information:			
Phone:		Email:	
Departme	ent:		
Primary (Care Person Contact Information (if different from	above):	
Phone:		Email:	
1. F	Please provide a brief description of the nature of the	ne request:	
2. I	f the animals will be transported, please describe h	ow this will be conducted safely:	
	Please describe the living conditions for the animal number of individuals per enclosure:	s, which may include enclosure size and the	

4.	Please describe the feeding and watering regimen that will be adhered to:
5.	Please describe any other criteria pertinent to the health and welfare of the species:
6.	Please describe any risk of infection, physical hazard, toxicity, or any other risk to researchers, other students, staff, and faculty. If there are any anticipated risks, please explain what steps will be undertaken to manage that risk:
Ple (JA	ease submit this completed form to the Institutional Animal Care and Use Committee CUC@uiu.edu)