

**CALIFORNIA STATE UNIVERSITY, LONG BEACH
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)**

ANIMAL OBSERVATION FORM (rev. 9/05)

When completed, e-mail the form to the Attending Veterinarian, [John Young](#), for review. After his review, e-mail the form to the Office of Research and Sponsored Programs for placement on an IACUC meeting agenda.

(Note: This form must be typed; handwritten forms will not be accepted.)

IACUC Project Number _____

I. RESPONSIBLE FACULTY MEMBER

Name _____ Department _____

Office Location _____ Extension _____

E-mail Address _____

II. DESCRIPTION

Provide a brief explanation and rationale for maintenance and observation of animals in classroom/office.

III. ANIMAL INFORMATION

A. Species/Strain _____ B. Sex _____

C. Age/Size _____ D. Breeding Necessary: YES ___ NO ___

E. Vendor Source _____ F. Number to be maintained _____

G. Animal Housing Location (Bldg/Rm) _____

IV. ANIMAL FACILITIES

A. Description of primary enclosure (housing unit for animals).

B. Description of routine husbandry including frequency of activity (feeding, watering, cage sanitation, environmental temperature, etc.).

C. Provisions for husbandry of animals during weekdays, weekends, holidays, vacations, etc.

D. Provisions for veterinary consultation and/or euthanasia in the event of a health problem.

SIGNATURE & DATE