

**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