

**FORM A**  
 SHSU Institutional Animal Care and Use Committee (IACUC)  
 Animal Care and Use Application - Animal Colony

<b>1) FACULTY/STUDENT/STAFF MEMBER IN CHARGE:</b>			
Name:		Department:	
Campus Address:			
Phone:		Email:	
Faculty	Staff	Grad Student	Undergrad Student
<b>IF STUDENT:</b>			
Name of Supervisor:		Supervisor Phone:	
Address of Supervisor:			

**PROJECT STATUS:**      New                  Renewal\*

*\*A new complete application must be submitted every three years, or if changes are made to the facility or species of animals held.*

**2) COLONY & HOUSING LOCATION:** \_\_\_\_\_

**3) NUMBER OF SPECIES OF EACH ANIMAL HELD:**

Species	Number	Source
_____	_____	_____
_____	_____	_____
_____	_____	_____

Completion and signing of this form are the responsibility of the principal investigator or faculty member in charge. Completion of the approval process will fulfill Public Health Service and USDA Animal Welfare Act requirements, and will serve to remind users and the public of SHSU's commitment to humane care and use of animals.

In signing this form, I assure that discomfort and injury to animals will be limited to that which is unavoidable in the conduct of valid scientific research. I have consulted with a veterinarian when potentially painful procedures are to be performed. I further assure that all applicable licenses and permits have been obtained and copies are attached to this document. I agree to comply with SHSU's IACUC policies and procedures, and all applicable state and federal laws governing animal welfare.

**SIGNATURES**

Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_

Faculty Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

<b>IACUC USE ONLY</b>	
IACUC Chair/Authorized Signature: _____	Date _____
Attending Veterinarian: _____	Date _____

- 4) Briefly describe feeding and watering schedules for each species:
  
- 5) Indicate the maintenance schedule for cleaning of cages, tanks, stalls, etc. for each species:
  
- 6) How will population size be controlled or managed?
  
- 7) How will excess and/or surplus population be managed?
  
- 8) State cage size(s) and animal count per cage. Must be in accordance with Federal standards.
  
- 9) Give name(s) of personnel responsible for feeding and maintaining animal facilities as of the date this form is signed. Briefly describe prior experience of these individuals or training they will receive:

Caretaker Phone: \_\_\_\_\_ Caretaker Email: \_\_\_\_\_

- 10) Veterinary Care: Name of veterinarian (include the address and phone number) who will be contacted in case of an animal emergency: