



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

Plan Submitted By: _____

Supervising Faculty Member Contact Information:

Phone: _____ Email: _____

Department: _____

Primary Care Person Contact Information (if different from above):

Phone: _____ Email: _____

1. Please provide a brief description of the nature of the request:

2. If the animals will be transported, please describe how this will be conducted safely:

3. Please describe the living conditions for the animals, which may include enclosure size and the number of individuals per enclosure:

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:

*Please submit this completed form to the Institutional Animal Care and Use Committee
(IACUC@uiu.edu)*