

Middle School - Vertebrate Animal Form (5A)

This form is only required for projects involving vertebrate animals being conducted in a school, home or field research setting and **MUST** be completed and approved by the SRC **PRIOR** to experimentation.

To be completed by the Student Researcher/Team Leader in collaboration with the Adult Sponsor, Designated Supervisor and/or Qualified Scientist/Mentor. All questions **MUST** be answered and additional pages may be attached.

1. Student's Name(s): _____
2. Project Title: _____
3. Common name (or Genus, species) and number of each animal used.
4. Describe in detail the housing and husbandry to be provided for each type of animal. Include the cage/pen size, number of animals per cage, environment, bedding, type of food, frequency of food and water, how often animal is observed, etc.
5. What will happen to the animals after experimentation?
6. If applicable, attach a copy of wildlife licenses or approval forms.

The CSEF Vertebrate Animal Rules require that ANY death, illness or unexpected weight loss be investigated, explained, and documented by a letter from the qualified scientist, designated supervisor or veterinarian. Attach this letter to this form when submitting paperwork to the SRC prior to competition. ***If the death, illness or unexpected weight loss is found to be due to the experiment, then it must be terminated IMMEDIATELY.***

To be completed by the local or school Scientific Review Committee **PRIOR** to experimentation.

The SRC has carefully reviewed this study and finds it is an appropriate study and may be conducted in a non-regulated research site. The Student Researcher **MUST** have at least the following level of supervision (mark highest level required):

- Designated Supervisor **REQUIRED**. Please have applicable person sign in the appropriate box below.
- Veterinarian and Designated Supervisor **REQUIRED**. Please have the applicable people sign in the appropriate boxes below.
- Veterinarian, Designated Supervisor and Qualified Scientist/Mentor **REQUIRED**. Please have the applicable people sign in the appropriate boxes below and complete a Qualified Scientist/Mentor Form 2.

SRC Chair's Printed Name

SRC Chair's Signature

Date of Approval (mm/dd/yy)

Veterinarian:

- I have reviewed this research plan and animal husbandry with the student(s) **PRIOR** to the start of experimentation.
- I have approved the use and dosages of prescription drugs and/or nutritional supplements (if applicable).
- I will provide veterinary medical and nursing care in case of illness or emergency.

Veterinarian's Printed Name

Email or Phone

Veterinarian's Signature

Date of Approval

Designated Supervisor:

- I have reviewed this research and animal husbandry with the student(s) **PRIOR** to experimentation and I accept primary responsibility for the care and handling of the animals in this project.
- I will provide **DIRECT** supervision during experimentation.

Designated Supervisor's Printed Name

Email or Phone

Designated Supervisor's Signature

Date of Approval