**ALTERNATIVE ANIMAL HOLDING / HOUSING REQUEST**

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| --- | --- |
| **Principal Investigator** |  |
| **Protocol Number** |  |

Animal Housing Location:

|  |  |
| --- | --- |
| **Building** |  |
| **Room Numbers** |  |
| **Species** |  |

Brief Description of Housing (e.g., “*individually housed in cages on a stainless steel rack at the end of Bay #1, room 123*”):

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Holding/Housing Period (start & end date):

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Maximum duration a single animal will be held in this location at any given time:

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|  |

Maximum Number of animals in this location at any given time:

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|  |

Maximum number of cages of animals in this location at any given time:

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| --- |
|  |

Procedures performed on this group of animals (e.g., surgery, tumour implant, catheter):

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|  |

People specifically responsible for the care of animals in this location:

|  |  |  |
| --- | --- | --- |
| **Name** | **Contact Number** | **Contact Email** |
|  |  |  |
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|  |  |  |
|  |  |  |

Daily monitoring (at least once every 24 hours) will be provided by:

Animal Care Staff  OR Laboratory personnel listed above

Justification is required to hold/house animals outside of an approved animal facility for greater than 24 hours. Requests will only be considered if there is compelling scientific justification for the need to house animals outside of the approved animal facility. Please state the justification for alternative housing:

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I agree that accurate records will be kept for all animals housed in alternative housing, care will be provided in accordance with my Animal Use Protocol and Canadian Council on Animal Care Guidelines, and I confirm that the Animal Care Committee and delegates have been given access to these rooms.

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| **Signature of Principal Investigator** | **Date** |

**Attach and submit with the Animal Use Protocol application.**