## FORM MU-03M

## COLUMBUS STATE COMMUNITY COLLEGE

# FACULTY, STAFF, AND STUDENT PROTOCOL FOR MISCELLANEOUS ANIMAL USE

DATE RECEIVED		DATE REVIEWED			
CIRCLE ONE:	STUDENT,	FACULTY,	STAFF		
NAME:				PHONE NO	
DATES, TIMES,	, AND PLACES	(BUILDING AN	D ROOM NU	MBER) OF EVENT:	
ADDITIONAL (	COURSE ROOM	IS AND INSTRU	CTORS THAT	Γ THE ANIMAL WILL ENTER:	
1) CLASS I	NAME:			LOCATION:	
INSTRU	CTOR SIGN:				
2) CLASS I	NAME:			LOCATION:	
INSTRU	CTOR SIGN:				
3) CLASS I	NAME:			LOCATION:	
INSTRU	CTOR SIGN:				
(PLEASE USE A INSTRUCTORS		ORMS IF NECES	SSARY TO LI	ST ALL CLASS AND	
REASON FOR U	JSE OF ANIMA	L(S):			

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WERE ALTERNATIVE METHODS CONSIDERED:
WILL THIS PROCEDURE CAUSE PROLONGED RESTRAINT, PAIN OR DISTRESS: (IF YES, PLEASE DESCRIBE PROCEDURE IN DEPTH)
WILL ANY ANESTHESIA, ANALGESIA, TRANQUILIZERS OR OTHER RX BE ADMINISTERED (IF YES, PLEASE LIST THE DRUG, DOSAGE, AND ROUTE OF ADMINISTRATION)
WILL EUTHANASIA BE PERFORMED: CIRCLE ONE: YES, NO
PLEASE LIST THE SPECIES AND NUMBER OF ANIMALS REQUIRED:

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NOTE: IF THIS PROCEDURE WILL CAUSE PROLONGED RESTRAINT, PAIN OR DISTRESS, OR IF ANESTHETICS, ANALGESICS, TRANQUILIZERS OR ANY PARENTERAL AGENTS WILL BE ADMINISTERED, OR IF EUTHANASIA WILL BE PERFORMED, THE PROTOCOL WILL HAVE TO BE PRESENTED TO AND APPROVED BY THE IACUC COMMITTEE BEFORE THIS PROCEDURE MAY BE PERFORMED. THE LONG FORM ANIMAL USE PROTOCOL MAY ALSO HAVE TO BE FILLED OUT.

IF THE ABOVE NOTED TECHNIQUES ARE NOT BEING PERFORMED ON ANY ANIMAL(S), THE SIGNATURE OF THE ATTENDING VETERINARIAN AND ONE OTHER IACUC MEMBER IS ALL THAT IS REQUIRED TO USE ANIMALS FOR THE SPECIFIC PURPOSE NOTED IN THIS PROTOCOL FORM MU-105.

PREPARER SIGNATURE	 _ DATE
ATTENDING VET SIGNATURE	 _ DATE
IACUC MEMBER SIGNATURE	DATE

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ALL DOGS, CATS, AND FERRETS MUST HAVE CURRENT DISTEMPER AND RABIES VACCINATIONS.

ALL OTHER ANIMALS MUST HAVE CURRENT VACCINATIONS THAT ARE CUSTOMARY GIVEN TO THAT SPECIES.

VACCINATIONS:	DATE ADMINISTERED:
THE ATTENDING VETERINARIAN WILL MAKE RETRANSPORTATION AND RESTRAINT FOR THE A	