Brandon University Animal Use Protocol
Schedule 4
Alternative Animal Housing Request

Please save this file to your computer. Applicants are required to complete **all** sections and submit electronically to buacc@brandonu.ca.

All sections in this form will expand as necessary. Questions about using the form should be directed to buacc@brandonu.ca.

GENERAL INFORMATION

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| **Principal Investigator:** |       |
| **Supervisor/Manager at Alternative Animal Housing Location:** |       |
| **Animal Housing Location:***Include building, room number, and/or address* |       |
| **Telephone Number at the Alternative Animal Housing Location:** |       |
| **Holding Period Start Date:** |       |
| **Holding Period End Date:** |       |
| **Maximum duration a single experimental animal will be held in this location at any given time:** |       |
| **Maximum number of experimental animals in this location at any given time:** |       |

FACILITY

|  |  |  |
| --- | --- | --- |
| 1. **Are the facilities governed by their own Animal Care Committee that operates under the CCAC guidelines (or equivalent in respective country)?**
 | **[ ]  Yes** | **[ ]  No** |
| **If YES, please give the name, address and phone number of the Animal Care Committee Chair.**      **If NO, why not?**      |
| 1. **If these are commercial facilities, are they operated in compliance with the Codes of Practice approved by CCAC?**
 | **[ ]  Yes** | **[ ]  No** |
| **If NO, why not?**      |
| 1. **Has the Principal Investigator toured these facilities?**
 | **[ ]  Yes** | **[ ]  No** |
| **If NO, why not?**      |

PROCEDURES & CARE

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| 1. **Outline the procedures to be performed on this group of experimental animals (e.g. surgery, observation, non-invasive).**

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| 1. **List the people specifically responsible for the care of experimental animals at this location.**
 | **Name:**      **Phone Number:**       |
| 1. **Provide scientific justification for alternative housing. NOTE: Justification is required to house experimental animals outside the Brandon University Animal Facility for longer than 12 hours.**

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| 1. **Detail the plans in place for the care of the experimental animals to be housed at this location.**

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| 1. **Please identify the records and Standard Operating Procedures pertaining to the research/teaching protocols for the experimental animals to be housed at this location (e.g. SOP – Daily Rounds, Enrichment, etc. and Veterinary records).**

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| 1. **Are these records and SOPs kept on site at the Alternate Animal Housing location?**
 | **[ ]  Yes** | **[ ]  No** |

DECLARATION OF PRINCIPAL INVESTIGATOR

**NOTE: This is in addition to the obligations of the PI set-forth under “Declaration of the Principal Investigator” in the Application form.**

**When submitting this form, I agree:**

1. **To keep accurate records of experimental animals housed at this location.**
2. **To provide care in accordance with Brandon University and Canadian Council on Animal Care (CCAC) policies, procedures, and guidleines.**
3. **That the Animal Facility Manager and Animal Health Technician, and/or the Consulting Veterinarian will be given access to this location.**
4. **To give access to and participate in an annual assessment by the BUACC.**
5. **To give access to and participate in an annual assessment conducted by Brandon University’s Consulting Veterinarian.**