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](mailto:buacc@brandonu.ca).

All sections in this form will expand as necessary. Questions about using the form should be directed to [buacc@brandonu.ca](mailto:buacc@brandonu.ca).

GENERAL INFORMATION

|  |  |
| --- | --- |
| **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

|  |  |  |
| --- | --- | --- |
| 1. **Outline the procedures to be performed on this group of experimental animals (e.g. surgery, observation, non-invasive).** | | |
| 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.** | | |
| 1. **Detail the plans in place for the care of the experimental animals to be housed at this location.** | | |
| 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).** | | |
| 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.**