Brandon University Animal Use Protocol  
Schedule 8  
Restraint

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).

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| 1. **Describe the type of restraint, including the equipment, drugs, etc. to be used.** | | | |
| 1. **What negative effects are anticipated with this type of restraint?** | | | |
| 1. **Describe any preconditioning procedure which will be used to help adapt the animals to restraint.** | | | |
| 1. **Why is restraint necessary?** | | | |
| 1. **Please indicate:** 2. **The number of times the subject will be retrained in a day.** 3. **The number of days the subjects are restrained.** 4. **The number of days in a row the subject will be restrained.** | | | |
| 1. **Confirm the location of the Facility.** | | | |
| 1. **If drugs will be used for restraint, complete the table below.** | | | |
| **Drugs (mg/ml)** | **Dose (mg/kg)** | **Quantity Range (ml)** | **Route** |
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| 1. **What criteria will be used for early termination of the restraint?** | | | |
| 1. **What normal activities of the animal, such as ability to stretch, lie comfortably, turn around, groom, feed, drink, etc. are restricted or eliminated by the restraint?** | | | |
| 1. **What other techniques have you considered to avoid or reduce the level and duration of restraint? (e.g. telemetry, sedation, etc.)** | | | |