

Vertebrate Animal Form (5A)

**Required for all research involving vertebrate animals that is conducted in a school/home/field research site.
(SRC approval required before experimentation.)**

Student's Name(s) _____

Title of Project _____

To be completed by Student Researcher:

1. Common name (or Genus, species) and number of animals used.
2. Describe completely the housing and husbandry to be provided. Include the cage/pen size, number of animals per cage, environment, bedding, type of food, frequency of food and water, how often animal is observed, etc. Add an additional page as necessary.
3. What will happen to the animals after experimentation?
4. Attach a copy of wildlife licenses or approval forms, as applicable
5. The ISEF Vertebrate Animal Rules require that any death, illness or unexpected weight loss be investigated and documented by a letter from the qualified scientist, direct supervisor or a veterinarian. If applicable, attach this letter with this form when submitting your paperwork to the SRC prior to competition.

To be completed by Local or Affiliate Fair Scientific Review Committee (SRC) BEFORE experimentation.

Level of Supervision Required for agricultural, behavioral or nutritional studies (select one):

- ☐ Direct Supervisor REQUIRED. Please have applicable person sign below.
- ☐ Veterinarian and Direct Supervisor REQUIRED. Please have applicable persons sign below.
- ☐ Veterinarian, Direct Supervisor and Qualified Scientist REQUIRED. Please have applicable persons sign below and have the Qualified Scientist complete Form (2).

The SRC has carefully reviewed this study and finds it is an appropriate study that may be conducted in a non-regulated research site.

Local or Affiliate Fair SRC Pre-Approval Signature:

SRC Chair Printed Name

Signature

Date of Approval (must be prior to
experimentation) (mm/dd/yy)

To be completed by Veterinarian:

- ☐ I have reviewed this research and animal husbandry with the student before the start of experimentation.
- ☐ I have approved the use and dosages of prescription drugs and/or nutritional supplements.
- ☐ I will provide veterinary medical and nursing care in case of illness or emergency. (Fees may apply.)

Printed Name

Email/Phone

Signature

Date of Approval (mm/dd/yy)

To be completed by Direct Supervisor or Qualified Scientist when applicable:

- ☐ I have reviewed this research and animal husbandry with the student before the start of experimentation and I accept primary responsibility for the care and handling of the animals in this project.
- ☐ I will directly supervise the experiment.

Printed Name

Email/Phone

Signature

Date of Approval (mm/dd/yy)