**Institutional Animal Care and Use Committee (IACUC)**

**Field Research Supplemental Form: Animal Housing**

Submit this form with any applicable supplemental forms to [eiuiacuc@eiu.edu](mailto:eiuiacuc@eiu.edu).

This form is required for any species that will be held for 24 hours or more as part of field research. If there are multiple species to be held and conditions will vary by species, submit separate forms for each species and set of condition.

|  |  |
| --- | --- |
| **Project Information** | |
| Title of Project/Course |  |
| PI Name: |  |
| **Location** | |
| Location at which animals will be held/housed: | |
|  | |
| Briefly describe the living conditions for the animal(s). Include enclosure type, a description of any items that will be in the enclosure, supplemental environmental equipment (such as heat and lighting), and how many animals will live in the enclosure, if applicable. | |
|  | |
| Provide a list of what the animal(s) will be fed and how they will access water. | |
|  | |
| Briefly explain and justify the appropriateness the purpose for holding animals for more than 24 hours. | |
|  | |
| Briefly describe any circumstances foreseen in which the animal(s) may experience pain, distress, or discomfort due to being held, and describe steps taken to minimize this discomfort. | |
|  | |

**SPECIES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Common Name:** | | | ***Scientific Name:*** | |
| Quantity | Person responsible for non-medical care of animals/Primary Caretaker | | | Emergency Phone: |
|  |  | | |  |
| Duration of holding period: | |  | | |
| **Common Name:** | | | ***Scientific Name:*** | |
| Quantity | Person responsible for non-medical care of animals/Primary Caretaker | | | Emergency Phone: |
|  |  | | |  |
| Duration of holding period: | |  | | |