**IACUC Protocol APPENDIX B:**

**VETERINARY CARE PLAN FOR INVESTIGATOR-PROVIDED VETERINARY CARE**

Protocol: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research Location(s): Building/Farm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room Number: \_\_\_\_\_\_\_

Species (list all): \_\_\_\_\_\_\_\_\_\_

# Personnel responsible for veterinary care of animals on this protocol:

* 1. Please list veterinarians responsible for providing veterinary care and contact information.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Primary Veterinarian | Secondary Veterinarian | Secondary Veterinarian |
| Name |  |  |  |
| Department or Clinic name |  |  |  |
| Primary phone |  |  |  |
| Secondary phone |  |  |  |
| Pager or other |  |  |  |
| E-mail |  |  |  |

* 1. Please list all other non-veterinary personnel who will provide veterinary treatment for the animals, and indicate their training and experience pertaining to the species to be used and the procedures to be performed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Netid | Primary phone | Secondary phone | Training |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Please describe the procedure for notification of the veterinarian(s) responsible for veterinary care of an animal found to be ill, injured, or dead.

* 1. During regular weekday work hours:
  2. During evening, weekend, or holiday hours:

# Please describe the health monitoring of animals by the above personnel.

* 1. Who is responsible for observing the animals?
  2. What is the frequency of observation?
  3. What specific research-related signs will be checked for in the animals?
  4. If the research protocol involves a surgical procedure, please describe the post-operative monitoring and veterinary care needs.

# Complete medical records must be maintained, and readily available to DAR or AACUP staff and outside inspectors. Where will these records be kept?

1. **I affirm that the University’s Attending Veterinarian (AV) will be notified of any unexpected illness, injury, or death, and kept informed of significant changes in an animal’s clinical condition in the following manner:**
   1. The appropriate AV will be notified *within 24 hours of any unexpected illness, injury, or death*. For animals at laboratory animal facilities, contact DAR by e-mail ([daradministrators@illinois.edu](mailto:daradministrators@illinois.edu) ), fax (244-7963), or phone (333-2564). For animals at agricultural animal facilities, contact AACUP by email ([aacup@illinois.edu](mailto:aacup@illinois.edu)), fax (265-6774) or phone (265-6790).
   2. The appropriate AV will be notified *if the animal’s condition worsens or does not improve*. For animals at laboratory animal facilities, contact DAR by e-mail ([daradministrators@illinois.edu](mailto:daradministrators@illinois.edu) ), fax (244-7963) or phone (333-2564). For animals at agricultural animal facilities, contact AACUP by email ([aacup@illinois.edu](mailto:aacup@illinois.edu)), fax (265-6774) or phone (265-6790).
   3. The appropriate AV will be notified *when the case is resolved*. For animals at laboratory animal facilities, send a copy of the medical record by fax (244-7963) or by campus mail to DAR, 1 Observatory, MC-194. For animals at agricultural animal facilities, record the resolution in the medical record, which is kept on site and available for inspection by the AACUP.

**Name of primary vet care provider:**

Printed

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Principal Investigator:**

Printed

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The Veterinary Care Plan form must be printed, signed by the PI and the primary provider of veterinary care, and the original signed copy must be scanned and attached as a PDF to the appropriate IACUC protocol or sent to the IACUC Office at* [*iacuc@illinois.edu*](mailto:iacuc@illinois.edu)*, or via mail to 114 Observatory, 901 S. Mathews, Urbana, MC-193. A copy of the Veterinary Care Plan should be posted in the animal housing area.*