

ANIMAL CARE FACILITY REGISTRATION FORM

PART I: GENERAL INFORMATION

NAME: _____ DEGREE(s) HELD: _____
(last/first/middle initial)

POSITION: _____ WORK PHONE: _____ FAX: _____

DEPARTMENT: _____ EMERGENCY PHONE: _____

E-MAIL ADDRESS: _____

CAMPUS ADDRESS: _____

NAME OF PRINCIPAL INVESTIGATOR: _____

PROTOCOL NUMBERS: _____

ANIMAL SPECIES USED: _____

PART II: TRAINING

Introduction to Animal Care and Use (Check one of the following)

Laboratory Animal Science Course

BSC 555/455

Other: Name /Institution/Dates _____

Online (<http://www.researchtraining.org> : Working with the IACUC (non VA version))
Attach certificate of completion

Instruction in the proper use of the Animal Facilities in which he/she will work.

Animal Facility Endorsement

Date

I have read the material on the Risk Assessment Website
(<http://ehs.ucdavis.edu/animal/risk/index.htm>) and understand that there are potential risks
associated with working with animals and further have read the procedures described for
minimizing those risks.

Registrant's Signature

Date

Protocol specific training completed: Protocol #: _____ Date: _____

Trainer: _____ Trainer's Signature: _____

PART III: CONTACT WITH ANIMALS OUTSIDE OF FACILITY

I come into regular contact with animals outside of the animal care facilities (for example keeping
pets, raising or caring for any animals, hunting, etc).
Please describe type of animal(s), type of contact(s), and frequency.

I do not come into regular contact with animals outside of the Animal Care Facility.

PART IV: NOTICE OF OHS

I am participating in the Occupational Health and Safety Program for Animal Care and Use and
have completed the Health History/Medical Evaluation Form.

Registrant's Signature

Date

Return form to James A. Neville, Director , Animal Care Facility