

# 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