

Investigator's Log for Documentation of Husbandry Services

INVESTIGATOR _____

SPECIES _____

ANIMAL CARE STAFF MUST CHECK INV. LOG FOR DOCUMENTATION OF HUSBANDRY SERVICES

UCAR NUMBER _____

ROOM # _____

DAILY IF FOOD / WATER RESTRICTED ANIMALS.

OTHERWISE

Investigator please document below all services performed.

VIVARIUM TECH MUST CHECK AT LEAST ONCE PER WEEK.

DATE	FED (✓)	WATERED (✓)	# OF BOTTLES CHANGED	# OF CAGES CHANGED	HEALTH CHECK	Research Staff	Vivarium Tech
					AM		
					PM		
					AM		
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