

WEEKLY ANIMAL CARE SHEET

Protocol No. _____

Location: _____

Species: _____

PI: _____

PI's Room No. _____ Phone Ext. _____

Email Address: _____

Primary Person(s) Responsible for Animal Care

- Name: _____
- Name: _____
- Name: _____

Room No. _____
 Room No. _____
 Room No. _____

Phone Ext. _____
 Phone Ext. _____
 Phone Ext. _____

Back-up Person(s)

- Name: _____
- Name: _____

Room No. _____
 Room No. _____

Phone Ext. _____
 Phone Ext. _____

Week of: _____ / _____ / _____
Days Month Year

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Initials:	Initials:	Initials:	Initials:	Initials:	Initials:	Initials:

For **each day**, list the care provided (animals fed, water changed, tank cleaned, etc.), and observations on animal health; then initial the entry.

Verification: _____
MBL Staff / Veterinarian

Date: _____

PLACE THIS ANIMAL CARE SHEET ON A CLIPBOARD IN PLAIN VIEW AND KEEP IT ADJACENT TO THE ANIMAL'S HOLDING FACILITY.