WEEKLY ANIMAL CARE SHEET

Protocol No. ____________________  PI: ____________________
Location: ______________________  PI’s Room No. ____________
Species: _______________________  Phone Ext. ___________

Email Address: __________________

Primary Person(s) Responsible for Animal Care

- Name: ______________________  Room No. ________________
- Room No. __________________  Phone Ext. ________________
- Name: ______________________
- Room No. __________________
- Phone Ext. ________________

Back-up Person(s)

- Name: ______________________  Room No. ________________
- Room No. __________________  Phone Ext. ________________
- Name: ______________________
- Room No. __________________  Phone Ext. ________________

Week of: ___________ / __________ / __________

Sun  Mon  Tues  Wed  Thurs  Fri  Sat


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

Verification: ____________________  Date: ________________

MBL Staff / Veterinarian

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

3/17/00