University of Nebraska - Lincoln
IACUC
Food or Fluid Intake Record

Protocol Number:	**PI:**
Type of Restriction:	**Contact Person:**
Length of Restriction Period:	**Contact Phone:**
Restriction Start Date:	**Restriction End Date:**
Weights to be recorded: ☐ **Daily** ☐ **Weekly** ☐ **Monthly** ☐ **Other:**	
Animal(s) ID#:	

Date	Base Body Weight (Kg)	Current Body Weight (kg)	% Weight Gain / Loss	Health Observations	Initials