INVESTIGATOR ANIMAL ACTIVITY SHEET

DEPT_____ **BLDG**_____ **MONTH & YEAR**_____**ROOM/AREA**_____**SPECIES**_____

DATE mo/day	IACUC NUMBER	ANIMAL ID/CAGE #	ANIMAL TREATMENT OR MANIPULATION	INITIALS

BAR - Bright, Alert, Responsive **WNL-** Within Normal Limits **WSL-** Within Study Limits

By the 5th working day of the following month, please submit this activity sheet to the Institutional Animal Care Program. *(12/99)*