

Protocol #: \_\_\_\_\_ Investigator: \_\_\_\_\_

Animal ID: \_\_\_\_\_ Baseline Body Weight: \_\_\_\_\_ grams

Regulation of: Food:  Water:  Both:

Total Length of Regulation (as approved in IACUC protocol): \_\_\_\_\_

Regulation Start Date: \_\_\_\_\_ Regulation End Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

<b>DATE</b>	<b>BODY WT</b> (grams)	<b>FOOD GIVEN*</b> (Y/N or grams)	<b>WATER GIVEN*</b> (Y/N)	<b>HEALTH OBSERVATIONS:</b> (e.g., normal, dehydrated, body condition score (BCS), or other observations/comments)	<b>Initials</b>