

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: _____

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