Division of Comparative Medicine
University of South Florida

Food and Fluid Regulation Record
Cohort Records

Protocol #: _____ Investigator:_____

Regulation of: Food: ☐ Water: ☐ Both: ☐ Regulation Start Date: _____ Regulation End Date: _____

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

Emergency Contact: _____ Phone #:_____ Email: _____

DATE	ANIMAL ID	BASE LINE WT (grams)	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

CMDC #270
Eff 6/20

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