UNIVERSITY OF CINCINNATI
LABORATORY ANIMAL MEDICAL SERVICES

RESEARCH STAFF HUSBANDRY LOG

FMSOP#: 002.1 **REVISION: B** **EFFECTIVE DATE: 11/01/2009**

- **An approved LAMS SERVICE REQUEST must accompany this form.**
- **"HUSBANDRY PERFORMED" includes, but is not limited to, feeding, watering, fasting and changing cages.**
- **Fasting documentation must include date and time for removal of food/water, duration of restriction, and date and time food/water returned.**
- **If food/water is not provided ad libitum (e.g. limit feeding), date and time food/water provided must be documented. Include cage identification if entry does not apply to all cages.**
- **Post this log on outside of grey binder in housing area. Return completed original logs to LAMS management monthly.**

PI: _____ **Protocol:** _____ **Building/Room:** _____

APPROVED HUSBANDRY PRACTICE: _____

DATE and TIME	HUSBANDRY PERFORMED	INITIALS

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