

INSTRUCTIONS FOR EMERGENCY ANIMAL TREATMENT AND CARE

(Version 8/08)

Principal Investigator:

Date form completed:

E-Mail:

Protocol Number:

Office Phone:

Home Phone:

Protocol Title:

Use a separate form if **care is different** for each species:

Species:

Species:

Species:

Species:

Use a separate form if **care differs by location:**

Animal Housing Location Building:

Animal Housing Location Building:

List of Procedures:

(surgery, tumor, implant, catheter)

Primary Point of Contact (P.O.C) in Case of Emergency: Name -

Work Tel:

Home Tel:

Beeper/cell #:

E-Mail:

Alternate Point of Contact (A.O.C) in Case of Emergency: Name -

Work Tel:

Home Tel:

Beeper/cell #:

E-Mail:

Potential or Expected Complications:

Circumstances Requiring Contact:

Treatment (Indicate appropriate response):

Treatment determined by **Veterinarian:**

Yes:

No:

If **NO**, specify restrictions as follows:

What drugs are Contraindicated?

Criteria for Euthanasia (indicate appropriate response):

At Vet discretion if poor condition, severe pain or distress

Yes:

No:

If **NO**, specify treatments or restrictions:

Notify **P.O.C**

Yes:

No:

Requested **Euthanasia Agent and Route of Administration:**

Specific criteria for **Euthanasia:**

If Euthanasia is performed or animals are found dead:

a) Contact P.O.C

Yes:

No:

b) Refrigerate Carcass

Yes:

No:

c) Dispose of Carcass

Yes:

No:

d) Submit for necropsy

Yes:

No:

Additional Comments:

Principal Investigator:

Signature

Date

Note: The veterinarian will take the appropriate action in an emergency if no response from the PI/POC is received after an attempt at notification is made.