

**UNIVERSITY OF WINDSOR ANIMAL CARE COMMITTEE**

**FIELD WORK INVOLVING WILD ANIMALS**

Send **one electronic copy with all electronic signatures and dates** to the Animal Care Coordinator; [acc@uwindsor.ca](mailto:acc@uwindsor.ca).

**AUPP #:** Click here to enter text. **Title of AUPP:** Click here to enter text.

**Principal Investigator(s):** Click here to enter text.

**Department(s):** Click here to enter text.

**Phone #:** Click here to enter text. **Email:** Click here to enter text.

**Location of Field Work:** Click here to enter text.

The general principles set forth in the CCAC guides ‘apply equally to wild vertebrates, regardless of whether studies are carried out in the natural habitat of the animal or in the laboratory.’

The CCAC manual states that ‘investigators should be aware of, and prepared to deal with, a wide variety of transmittable diseases and parasites, as well as other dangers associated with wild vertebrates’.

1. **Type of project:** **Research** **Teaching** **Testing** **Management**
2. **Is the study species threatened or endangered?** **Yes No**
3. **List special permits required below** [**(Commonly used permits):**](https://www.uwindsor.ca/animal-care-committee/sites/uwindsor.ca.animal-care-committee/files/2a._field_work_-_permits_database.xlsx)

**Name of permit:**  Click here to enter text.

**Permit obtained?** **Yes No**

If no, please specify approximate expected date(s):

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1. **The animal project will involve which of the following?**

**4.1.** **Capture Technique**

Please provide a complete description of capture technique. The CCAC manual states that you must ensure that ‘capture techniques prevent or minimize injury or damage to the animal,’ and that ‘care (is) exercised to avoid accidental capture of non-target species’.

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**4.2.** **Live trapping?**  **Yes No**

If **yes**, provide details.

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**4.2.a.** **If live trapping, will animals be euthanized?** **Yes No**

If **yes**, indicate when euthanasia will occur and how it will be accomplished.

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**4.2.b.** **What is the method of euthanasia in the event of severe accidental injury?**

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**4.3.** **Physical restraint?**  **Yes No**

If **yes**, provide details.

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**4.5.** **Chemical restraint?** **Yes** **No**

If **yes**, provide details.

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**4.6.** **Radio telemetry?** **Yes No**

If **yes**, describe transmitter attachment.

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**4.7.** **Study animals with dependent young?** **Yes No**

If **yes**, describe measures that will be taken to ensure the well-being of the dependent young.

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**4.8.** **Animal marking?**

Permanent (e.g. branding, tattooing, toe, ear or tail clipping) **Yes** **No**

Semi-permanent (e.g. ear tags, wing/leg/neck bands, fluorescence, radiation) **Yes No**

Temporary (e.g. hair/feather dyes, ear switches, fluorescence, radiation) **Yes** **No**

**Provide details about the type of animal marking.**

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**4.9.** **Transport of live animals?**  **Yes** **No**

If **yes**, provide details.

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**5.** **Animal Housing** Will animals be housed in the lab? **Yes** **No**

If **yes**, describe housing. The CCAC guidelines suggest that normal maintenance should incorporate, as far as possible, aspects of natural living conditions deemed important to the survival and wellbeing of the animals.

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**6.** **Will all animals be released?**  **Yes** **No**

Please explain.

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**6.1.** **How long will they be held before their release?**

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**6.2.** **Describe method of release.**

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**RESEARCHER’S/COURSE INSTRUCTOR’S DECLARATION**

1. I believe that the proposed animal use conforms to my stated objectives, will advance knowledge and will employ the best methods on the smallest number of animals to obtain valid information.

2. I believe that, wherever possible, all procedures having the potential to cause pain or stress have been refined and/or reduced to minimize animal discomfort.

3. I confirm that the experimental method accurately describes ALL the proposed animal use. I accept responsibility for procedures performed on animals in this project. All procedures will be carried out by, or under the guidance of, trained and competent personnel using recognized techniques.

4. All animals in this project will be used in compliance with the regulations of Ontario’s *Animals for Research Act*, the guidelines of the Canadian Council on Animal Care, and the policies and procedures of the University of Windsor.

5. I am aware that the data provided in this protocol will be entered into the Animal Research Protocol Management System and submitted to the Canadian Council on Animal Care.

6. I will ensure that any individual who will perform any procedure(s), as describe in this protocol, **will be** **familiar with the contents of this document**.



**OFFICE OF RESEARCH SERVICES USE ONLY**

**INTERIM APPROVAL (to be reviewed at the next formal ACC meeting)**

**ACC Chair** **Approval Date**

**FINAL APPROVAL**

This AUPP has received ACC approval and is valid for a period of twelve months from the approval date. It is the responsibility of the Principal Investigator to ensure that all procedures are conducted in the manner described and approved in this application.

**ACC Chair** **Approval Date**

Revised August 2018