# Notification of Animal Activity for Outreach/Exhibition/Special Event

**Instructions:** This form provides notification to the IACUC of animals used for purposes other than teaching, research, or testing. The IACUC reserves the right to require further documentation and/or submission of an Animal Use Protocol Application dependent on anticipated animal use. Please note that the IACUC must also consult with the Risk Management Office and that 3 weeks notification prior to the event is recommended. **Submit this form to iacuc@uwsp.edu**

**Note:** Employees or students requesting the use or presence of service, assistance, or therapy animals on campus do not need to complete this IACUC Notification Form. Accommodations for employees or students should be directed to:

Disability and Assistive Technology Center [datctr@uwsp.edu](mailto:datctr@uwsp.edu) or [assisttech@uwsp.edu](mailto:assisttech@uwsp.edu).

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| **Name of Event:** | | | |
| **Event Date:** | | **Duration of Event:** | |
| **Location of Event:** | | **Campus Unit Sponsoring Event:** | |
| **Contact Person within the Unit:** | | | |
| **Contact Person who Oversees Location of Event (i.e. Manager who will be present at event):** | | | |
| **Phone Number:** | | **Email:** | |
| **Veterinarian responsible for animal care:** | | | |
| **Please list the species, number and ownership of animal to be used below:**  **(If additional space is required, please attach an additional page prior to submission)** | | | |
| **SPECIES** | **TOTAL NUMBER** | **COMPLETE EACH SECTION THAT APPLIES** | |
| **UWSP OWNED (Include animal handler’s name, contact information & UWSP Animal Certification Documents)** | **PRIVATELY OWNED (Include Owner/Animal Handler’s Name and Credentials, Contact Information, USDA dealer number, as applicable)** |
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| Provide a description of the event goal(s): | | | |
| Provide a description of what will be done to all animals listed on this form: | | | |
| Provide a description of how the animal(s) will be cared for in the event of an injury during the requested event/demonstration/exhibition: | | | |
| Provide a description of special precautions or safety measures that will be used to protect the public from hazards associated with the animals (examples: post signage for persons with allergies, handler present at all times, etc.): | | | |
| Yes  No  N/A Are all animals listed on this notification form up-to-date on vaccinations (if applicable to the species? | | | |
| Yes  No Has the campus unit sponsoring the event provided appropriate notice to departments/entities who oversee the event location and received their approval? (Example: If the event is to be held in University library, has the library director been notified of event date, time and location?). | | | |
| By submitting this document to iacuc@uwsp.edu, I agree to notify the Attending Veterinarian (​[tomkelble@hotmail.com](mailto:tomkelble@hotmail.com)) and IACUC ([iacuc@uwsp.edu](mailto:iacuc@uwsp.edu)) of any adverse/unexpected events that may occur during this event within 24 hours of the event. | | | **Date:** |

**IACUC Use Only Below This Line**

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| **Status:** | Notification accepted, review by Veterinarian, IACUC Admin/Compliance, and Risk Management Complete |
| Additional information required  Request not approved   |  | | --- | | **Comments:** | | | |

**Signature:** An electronic signature is acceptable when submitting to [iacuc@uwsp.edu](mailto:iacuc@uwsp.edu).

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| **Signature of Attending Veterinarian:** |  | **Date:** |  |
| **Signature of IACUC Admin./Compliance:** |  | **Date:** |  |

**Email response from Risk Management Personnel Attached**