



ALASKA DEPARTMENT OF FISH AND GAME

DIVISION OF WILDLIFE CONSERVATION

**ASSURANCE OF ANIMAL CARE FORM FOR PROTOCOL REVIEW
THROUGH THE DWC INSTITUTIONAL ANIMAL CARE AND USE
COMMITTEE**

Office Use Only:

IACUC PROTOCOL NO.

DATE RECEIVED:

DATE APPROVED:

RENEWAL MONTH:

I. GENERAL INFORMATION

Principal Investigator or Project Leader:

Phone Number:

Email:

Office Location:

Title of Project:

Approx. Starting Date:

Completion Date:

DECLARATION: *Read the following statement and affirm your willingness to comply by approving and dating at the bottom of the page. Save and email a copy of this document to the DWC Institutional Animal Care and Use Committee (IACUC).*

The information on this Assurance of Animal Care Form is an accurate description of the animal care and use protocol(s) to be used in the above project. All people handling animals have been properly trained to use appropriate methods and have read and agree to comply with this protocol. All individuals working under this Assurance will comply with the procedures and approved methods in the DWC Animal Welfare Policy, DWC Drug Policy, DWC Wildlife Capture and Restraint Manual, DWC Guidelines for the Handling and Marking of Wildlife, and applicable Department Policies. All animal care proposed herein has been refined to avoid or minimize discomfort, distress, and pain to the animals; does not unnecessarily duplicate previous experiments; and non-animal alternatives have been considered.

Name of Principal Investigator or Project Leader

Approved

Date

Name of Regional Supervisor or Designate granting project approval

Approved

Date

Name of Chairman of the DWC ACUC

Approved

Date

PERSONNEL:

Name and position

II. ANIMAL SPECIES**III. RESEARCH STUDY SITE LOCATION AND/OR GAME MANAGEMENT UNIT:****IV. PROJECT SUMMARY**

Provide a concise summary of the project, the species and number of animals that will be captured or handled.

V. ANIMAL HANDLING PROCEDURES & CARE:

Check all that apply. Provide detailed descriptions whenever DWC IACUC approved handling techniques are not utilized, not established (non-routine or novel), or your protocol will differ significantly such as new technique development.

Proposed Animal Use	Planned? (check if yes)	Approved technique/procedure numbers or details
Chemical capture	<input type="checkbox"/>	
Net-capture	<input type="checkbox"/>	
Trapping/snaring	<input type="checkbox"/>	
Underwater/dive capture	<input type="checkbox"/>	
Other physical capture	<input type="checkbox"/>	

Tagging & marking	<input type="checkbox"/>	
Radio-collar or transmitter	<input type="checkbox"/>	
Blood collection	<input type="checkbox"/>	
Urine or fecal collection	<input type="checkbox"/>	
Tissue sample via biopsy	<input type="checkbox"/>	
Necropsy/ lethal collection*	<input type="checkbox"/>	
Use of drugs or chemicals other than initial capture	<input type="checkbox"/>	
Catheterization	<input type="checkbox"/>	
Manipulation of feed or foraging	<input type="checkbox"/>	
Surgery	<input type="checkbox"/>	Fill in Invasive technique or surgical procedure supplement
Invasive procedure	<input type="checkbox"/>	Fill in Invasive technique or surgical procedure supplement
Technique development	<input type="checkbox"/>	
Novel techniques	<input type="checkbox"/>	
Use of approved techniques in a new species or condition	<input type="checkbox"/>	
Transport from capture site	<input type="checkbox"/>	
Translocation and release	<input type="checkbox"/>	
Euthanasia or humane killing*	<input type="checkbox"/>	
Nuisance wildlife	<input type="checkbox"/>	
Non-target/bycatch handling	<input type="checkbox"/>	
Disturbance without capture	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

*Methods of euthanasia and humane killing must follow the *AVMA Guidelines on Euthanasia 2007* or the *Guidelines for Euthanasia of Nondomestic Animals, 2006, American Association of Zoo Veterinarians*.