***Western Carolina University***

***Institutional Animal Care and Use Committee***

**Animal Use Protocol**

**for Observational Wildlife Studies**

This form may be used if your study *does not* include the following:

* Involve an invasive procedure, harm, or materially alter the behavior of an animal under student (9 CFR 1.1 – Animal Welfare Regulations)
* Involve the capture, handling, housing, transportation, treatment or euthanasia of animals
* Cause excessive disturbance of animals due to study activities

**The Principal Investigator must be a full-time faculty or staff member.**

Return the completed form and any necessary permits to IACUC@wcu.edu

**PLEASE SINGLE CLICK ON SHADED BOXES TO TYPE (for yes/no either type response or XX in correct box)**

1. Principal Investigator:

Department:

Phone:

E-mail:

1. Title of Project:
2. Purpose of Project:
3. List all animals to be observed in the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| Common name | Genus & Species | Mark the applicable column for species status | Location(s) animals will be observed  |
| Concern | Threatened | Endangered | 1 | 2 | 3 |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |

1. Is permission required to gain general access and to conduct the study as proposed at each site?

**Yes**   **No**

If ‘yes’, attach all permission notices. If ‘no’, please explain:

1. List all personnel involved and their affiliation:

1. Dates the observations will take place: Fromto
2. I hereby assure the IACUC the above information is complete, accurate and that no animal(s) will be harassed, handled or sampled to support the scientific objectives outlined herein.

*By submitting this request, the Principal Investigator (and responsible faculty member if the PI is a student) I declare that I have reviewed this report which provides a complete and accurate description of the event and that upon receipt of the IACUC’s review, I will fully and immediately implement any corrective actions required by the IACUC.*

*The parties (the IACUC, the Principal Investigator, and responsible faculty member if the PI is a student) have agreed to conduct this application process by electronic means, and this application is signed electronically by the Principal Investigator and by the responsible faculty member if a student is the PI.*

*My name and email address together constitute the symbol and/or process I have adopted with the intent to sign this application, and my name and email address, set out below, thus constitute my electronic signature to this application.*

Date

PI Name PI Email Address

Responsible Faculty Name if PI is a Student Responsible Faculty Email Address if PI is a Student