Division of Comparative Medicine
University of South Florida

Food and Fluid Regulation Record

Protocol #: _____ Investigator:_____

Regulation of: Food: ☐ Water: ☐ Both: ☐

Description of Regulation (full removal of food/water; mls of water or grams of food): _____

Total Length (Hours) of Regulation (as approved in IACUC protocol): _____

Emergency Contact: _____ Phone #:_____ Email: _____

DATE	ANIMAL ID	BASE LINE WT (grams)	REMOVAL TIME	END TIME (Time food/water placed back)	COMMENTS: (e.g., normal, dehydrated, body condition score (BCS), or other observations/comments)	Initials