**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 |
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