

# VA San Diego Healthcare System Institutional Animal Care and Use Committee Personnel Information Sheet

This form is to be completed by all personnel involved in any aspect of animal care or use as part of an approved scientific protocol.

**Name** \_\_\_\_\_ **Job Title** \_\_\_\_\_  
**Office/Lab Phone #** \_\_\_\_\_ **Emergency Phone or Pager #:** \_\_\_\_\_  
**Principal Investigator** \_\_\_\_\_ **Email:** \_\_\_\_\_

Describe any training or formal coursework you have completed related to animal care and use. Please include dates.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check the appropriate box for each species you have worked with according to your level of competence for each procedure.

Species:	I have seen this procedure performed	I am currently being trained on this procedure	I have done this procedure many times	I am an expert in this procedure
_____				
SQ injection				
IV injection				
IM injection				
IP injection				
Inhalation anesthesia-				
Injectable anesthesia				
Terminal surgery				
Aseptic surgery				
Restraint				
Other: _____				
Other: _____				
Other: _____				
Species:	I have seen this procedure performed	I am currently being trained on this procedure	I have done this procedure many times	I am an expert in this procedure
_____				
SQ injection				
IV injection				
IM injection				
IP injection				
Inhalation anesthesia-				
Injectable anesthesia				
Terminal surgery				
Aseptic surgery				
Restraint				
Other: _____				
Other: _____				
Other: _____				

The above information is true and accurately represents my skills and qualifications in the care and use of the species listed above. I understand my responsibilities pertaining to animal care and I agree to fulfill them. I understand that I may not perform any procedure (injections, etc.) that is not described in an approved protocol to which I am assigned. I understand that training will be provided to me as necessary by the VMU free of charge. I understand that animal health problems are to be reported to the Veterinary Medical Officer or a VMU Senior Staff member immediately.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Principal Investigator Signature**

\_\_\_\_\_  
**Date**