# Memorandum of Understanding and Agreement (MUA)

# for Animal Care, Satellite Animal Facilities

**Principal Investigator:** **Protocol:**

**PI Phone Number: Email Address:**

**Protocol Title:**

**Funding Source: University Account:** xxx

**Species:** **Number housed/day:** xxx

# Duration of housing:

[ ]  ***Short-term*:** 5 days or less; no weekends or holidays; laboratory animal species or USDA-covered wild species; PHS‑funded research with any species

[ ]  ***Zebrafish larvae*:** zebrafish larvae must be 3-7 dpf

[ ]  ***Long-term*:**>5 days, laboratory animal species or USDA-covered wild species or long-term non-USDA covered wild species

[ ]  ***Off-campus*:**any duration; laboratory animal species or USDA-covered wild species

[ ]  ***Long-term*:** non-mammalian species used in non-biomedical research or teaching

# Scientific and/or animal welfare justification for satellite housing: UAC facilities cannot accommodate this study.

**Emergency contacts:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone** | **Email** |
|  |  |  |
|  |  |  |
|  |  |  |

**Facility building and room:** Complete

**Brief description of animal room and deviations from the *Guide*:**

Complete

# Attending Veterinarian/Professional(s):

# Paula Johnson; phone: 520-621-3483; cell: 520-404-9571; email: pauladj@email.arizona.edu

# UAC Veterinary support can be contacted at 626-6702 or UAC-Clinical@email.arizona.edu

**Description of veterinary care program:** UAC-clinical will be notified when there are sick or injured animals in the aviary housing area. UAC clinical staff can assist in the evaluation and treatment of (s). As indicated in the attached SOP, treatments provided by PI/staff/clinical staff will be documented in a health record log that will be maintained in the aviary or PI office. Monthly, records of clinical care and environmental assessment sheets will be forwarded to the Satellite Facility listserv for filling in UAC/CAF. Forward information to: satellite\_team-request@list.arizona.edu. Also attached is the UAC AERF form, which can be used for documenting clinical cases and care.

# Animal husbandry provided by: UAC [ ]  PI [ ]

**Animal husbandry description:** Please see attached SOPS.

# Financial arrangements: N/A

# Declarations:

[ ]  I have read the attached IACUC Policy 300 and Satellite Standards for Animal Care and understand that I will be held to the standards appropriate for the length of housing documented in this MUA.

[ ]  I understand that if I do not follow the provisions of this MUA, violate Policy 300 or the Satellite Standards for Animal Care, I may receive IACUC sanctions and/or incur charges from University Animal Care.

**Principal Investigator Date**

**Approval signatures:**

**UAC Director or Designee Date**

**IACUC Chair Date**

# Copies of MUA will be maintained in the IACUC Protocol file, in the Satellite Facility,

# and by University Animal Care.

***Satellite Housing will be reviewed every three years.***