



Animal Care Facility Form

TITLE: Animal Adoption & Release Agreement Form

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Effective Date: 02/15/2013

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APPROVED:  3/13/2013 (Attending Veterinarian)

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Summary of Changes to this Document:

Distribution:
(1) Animal Facility



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Authorization to Adopt an Animal from Florida International University

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Driver's License No.: _____ License Plate No.: _____

Animal Species: _____ Animal Identification: _____

Animal Sex: _____ Animal Date of Birth: _____ Description: _____

Certificate of Attending Veterinarian

As attending Veterinarian of this institution, I certify that this animal has not participated in any invasive studies and appears to be healthy at this time. A copy of health history and/or medical records of this animal will be given to the applicant.

Signature, Attending Veterinarian: _____ Date: _____

Certificate of Principal Investigator

As PI of the study for which this animal was procured, I certify that the subject animal was either used for a non-invasive study or is not suitable for/required for the intended investigation and cannot be used for any other investigative/educational purpose.

Signature, Study Director: _____ Date: _____

Certificate of IACUC Chair

As Chair of the Institutional Animal Care and Use Committee, I certify that I have discussed this adoption with the Attending Veterinarian, PI and applicant and that all parties understand that: 1) at the time of adoption the animal is considered to be in good health, 2) is not a suitable research/training participant, and 3) will be properly cared for as a companion pet.

Signature, IACUC Chair: _____ Date: _____

Agreement

I, _____, wish to adopt the above described animal for the purpose of maintaining it as a companion pet. I confirm that I am knowledgeable of the routine care of the species, I am legally able to keep the animal at my home property, and I have proper housing for it. I agree to provide the animal with humane treatment and to seek veterinary care for said animal in accordance with commonly accepted veterinary practices. If is applicable, I will have it spayed or neutered and ensure that it receives annual vaccinations, rabies vaccinations, annual physical examination, and other appropriate veterinary preventive care. I understand that the above animal has been raised in a research facility environment and will require indoor housing (temperature regulated). Also, I am aware that since this animal has been housed in a research facility, its behavior may or may not be developed in the same respect as an animal of the same species that had been raised in a pet environment. I hereby release FIU for any and all costs, expenses or damages of any kind arising from the adoption of said animal. I accept any and all risks attendant to the ownership of said animal.

Signature of Applicant: _____ Date: _____