



## ANIMAL INFORMATION FORM FOR INVERTEBRATES

### Principal Investigator

Last Name		First Name	
Home Institution		Phone Number	
Email Address			
DFO Animal Collection Permit Number (Include copy of permit)			
Ministry of Environment Permit Number (If applicable – include copy of permit)			
Huu-Ay-Aht First Nations Permit Number (If applicable – include copy of permit)			

### Project Overview

Project Title	Title		
Objectives: In a few sentences, please describe the project's main objectives.			
Start Date (mm/dd/yyyy)		End Date (mm/dd/yyyy)	

### Species To Be Studied

Species	Collection Site	Fate (return, euthanize, transport)	Total # Animals	Collection Method

### Care Requirements

Is animal care assistance required from BMSC staff?	Y/N	If yes, describe assistance needed

**Your Signature Below Indicates That:**

1. Animals used in this project will be cared for in a manner appropriate to their needs, including feeding, shelter, and escape prevention;
2. You will use the minimum number of animals consistent with the objectives of this project;
3. Animal collections will not begin until BMSC AC Staff have acknowledged receipt of this form;
4. You will notify BMSC AC Staff of any revisions to this form

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PRINCIPAL INVESTIGATOR

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DATE

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ANIMAL CARE COORDINATOR

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DATE