

INSTRUCTIONS FOR EMERGENCY ANIMAL TREATMENT AND CARE

Principal Investigator: _____ Date form completed: _____
Protocol Number: _____
Office Phone: _____
Home Phone: _____

Protocol Title: _____

Use a separate form if *care is different* for each species

Species: _____ Species: _____
Species: _____ Species: _____

Animal Housing Location: _____ Bldg _____
Use separate form if care differs by location Bldg _____
Bldg _____

List of Procedures:
(surgery, tumor implant, catheter) _____

Primary Point of Contact (P.O.C.) in Case of Emergency:
Work Tel: _____ **Home Tel:** _____ **Pager or Cell #:** _____

Alternate Point of Contact in Case of Emergency:
Work Tel: _____ **Home Tel:** _____ **Pager or Cell #:** _____

Potential or Expected Complications: _____

Circumstances Requiring Contact: _____

Treatment (indicate appropriate response):
Treatment determined by **veterinarian:** [] Yes [] No
If **NO**, specify **restrictions** as follows: _____

Specific treatment as follows: _____
What **drugs** are **contraindicated?** _____

Criteria for **Euthanasia** (indicate appropriate response)
At Vet discretion if poor condition, severe pain or distress: [] Yes [] No
If **NO**, specify treatments or restrictions: _____

- Notify P.O.C. * [] Yes [] No
- Requested **euthanasia agent**
and **route of administration:** _____
- Specific **criteria** for **euthanasia:** _____

If Euthanasia is performed or animals are found dead:
a. Contact P.O.C. [] Yes [] No
b. Refrigerate carcass [] Yes [] No
c. Dispose of carcass [] Yes [] No
d. Submit to DVR for necropsy [] Yes [] No

CAN number to use for submission: _____

Additional Comments: _____

Principal Investigator: _____
Signature Date

* The veterinarian will take the appropriate action in an emergency if no response from the PI/POC is received within 30 minutes after an attempt at notification is made.