

**Ferris State University Animal Care Facility  
Animal Welfare Concern Reporting Form**

**A. TO BE COMPLETED BY PERSON REPORTING CONCERN:**

1. Concern is:

- a. Animal use/Protocol Concern \_\_\_\_\_
- b. Husbandry Concern \_\_\_\_\_
- c. Veterinary Care Concern \_\_\_\_\_
- d. Occupational Health and Safety \_\_\_\_\_
- e. Other \_\_\_\_\_

2. General Information:

- a. Date \_\_\_\_\_
- b. Principle Investigator (PI) \_\_\_\_\_
- c. Protocol Number \_\_\_\_\_
- d. Species \_\_\_\_\_
- e. Animal I.D. \_\_\_\_\_
- f. No. of Animals \_\_\_\_\_
- g. Location of Animals \_\_\_\_\_

3. Briefly describe your animal care and use concern:

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**B. TO BE COMPLETED BY PERSON INVESTIGATING CONCERN:**

1. Name: \_\_\_\_\_

2. Was there a negative impact on the health of the animals?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain impact and actions taken:

3. Who was contacted to discuss this concern?

a. Name \_\_\_\_\_ Date \_\_\_\_\_

b. Name \_\_\_\_\_ Date \_\_\_\_\_

c. Name \_\_\_\_\_ Date \_\_\_\_\_

4. Summarize the issues which were discussed

5. Describe any corrective actions needed or performed:

6. Is this a possible protocol violation?

Yes \_\_\_\_\_ No \_\_\_\_\_

Describe:

7. Was there a corrective action agreed upon?

Yes \_\_\_\_\_ No \_\_\_\_\_

Describe:

Committee Notification:

\_\_\_\_\_ Request for immediate review and action

\_\_\_\_\_ Report at regular meeting

Date reported to committee \_\_\_\_\_

Action(s) taken:

Veterinarian's Signature \_\_\_\_\_ Date \_\_\_\_\_