# **Standard Procedure Data Input Form**

## **Procedure Type**: Food or Fluid Restriction

**\* Name of the procedure or surgery**:

**\* Species**:

**\* Will administering this procedure cause any more than momentary pain and distress?** Yes or No

 *If yes,*

 i. Identify expected symptoms from administering this procedure (for example: weight loss, develop lesions due to an open tumor):

 ii. Identify criteria under which animals will be removed from research:

**\* Restrictions:** Fluid, Food, or both

**\* How many hours will the food/fluid be restricted:**

**\* Describe the procedure for providing food/fluid including schedules and amounts:**

**\* Describe criteria for monitoring the health of animals while on food/fluid restriction:**

**\* Provide justification for restricting food/fluid to the extent defined:**

**Describe what will happen if animals fail to meet selected health criteria:**

**Select the substance administration procedures to be used:**

**Alternatively, if you cannot find the procedures in the list above, describe each substance and the step-by-step procedure to be used:** (include route, dose, volume, concentration, and whether substance is pharmaceutical grade):

***Attach any supporting documents as appendices to this document.***