# APPLICATION FOR LIVE ANIMAL USE IN TEACHING AT COASTAL ALABAMA COMMUNITY COLLEGE

MARK WITH AN "X" EST THE BOX FOR ONE OF THE FOLLOWING AND TYPE YOUR CURRENT PROTOCOL NUMBER IF NEEDED:

	New application	Amendment of current protocol # _
_X	Renewal of current protocol # VET	110-1003

Amendments are required when any significant change occurs in a protocol such as change of study objectives, procedures and pain category, increasing animal number, change of species, use of anesthetic or analgesic agents or methods of euthanasia. Renewal is required after one year for all protocols that involve species covered by the Animal Welfare Act (AWA) and after three years on all other protocols. All aspects of the protocol need to be carefully reviewed for significant changes and updating. Particular attention needs to be given to numbers of animals needed over the next approval period. New signatures are required by the attending veterinarian, the applicant, and the supervisor.

1) NAME OF ACTIVITY, CLASS, OR TRAINING EVENT: Microchip Scanning and Implantation Protocol #- VET 110-1003

2) APPLICANT NAME				Cathleen Forester, D.V.M.				
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Dept.	Allied Health-Vet Tech		E-mail addre	ess Cat	Cathleen.forester		@	coastalalabama.edu

#### 3) GOALS AND SPECIFIC OBJECTIVES OF PROPOSED USE OF LIVE ANIMALS

Use language understandable to a non-scientist. One or two paragraphs are usually adequate. As per AVMA-CVTEA required tasks, each student must demonstrate the ability to accurately perform the following:

Assess the presence of a microchip and to successfully implant a microchip in a dog or cat.

#### 4) PROJECTED START DATE, ANIMAL SPECIES, AND NUMBER NEEDED.

Projected Start Date (If this is a renewal of an existing protocol this date should be the date your current protocol expires).

Nov 01, 2017

• •	-	under the Federal Animal Welfare Act (dogs, s, wild mammals, and any other animal used in		
Species (common name)		Domestic Dog and cat		
Number needed in one year	Approximately 75 repres	enting 2 or 3 dogs or cats per student.		
If renewal - Total number utilized since prior protocol review	unknown			
	OR			
• • • • • • • • • • • • • • • • • • • •	•	s exempted by the Animal Welfare Act		

oproval for THREE years is granted for those species exempted by the Animal Welfare Act ricultural species used in agricultural research, birds, commercially bred rats, commercially bred ce, and non-mammal wildlife.)		
Species		
Number needed in first year		
Number needed in second year		
Number needed in third year		

## RATIONALE FOR NUMBER OF ANIMALS REQUESTED FOR TEACHING PROTOCOLS:

For example, if numbers are determined by a specific student-to-animal ratio, the choice of the ratio must be justified in writing.

All procedures will be performed by each student. Each animal will be subjected to a maximum of three attempts per procedure per day.

5) PROCEDURES, PAIN CATEGORY, SPECIES, PERSONS PERFORMING PROCEDURES AND THEIR TRAINING. Provide a detailed description of all proposed procedures to be conducted on each species, (Example: IV injection in the jugular vein, up to 3 ml, twice a day for six days), the pain category for the procedure, and the personnel who will perform the procedure. For pain categories see USD A/AWA Pain/Distress Categories on the last page of this application.

Species - Procedure - Pain Category - Personnel

Canine and feline - Microchip Implantation - C - Vet Tech Lab Instructors and Students

- 1. Students will observe an animal prior to any manipulation for respiratory rate and character. Animals will not be restrained or otherwise stressed during this observation.
- 2. Students will check that the microchip scanner is functioning properly by scanning a known functioning microchip. Next they will check that the microchip to be placed is functional and all accompanying documentation matches.
- 3. Students will scan every patient prior to implantation and notify the proper supervisor should a preexisting microchip be found.
- 4. Sterile technique will be utilized by students to implant the microchip subcutaneously in the dorsum between the scapulae with the chip lying at an angle to the skin plane. The same location is appropriate for

- dogs and cats.
- 5. Following implantation the animal will be scanned for the presence of the microchip to ensure successful implantation and all associated documentation filled out and filed with appropriate personnel.
- 6. Animals that show distress during the procedure will be removed from the situation and referred to the site veterinarian or supervisor for evaluation.

### Specific training of each person for each procedure listed above.

Students will receive lectures on proper procedures and use of necessary equipment prior to performance. All students will demonstrate proper technique using models prior to live animal use.

## 6) LITERATURE SEARCH FOR PAIN AND DISTRESS REDUCTION

-Replacement of a live animal model with non-living systems; refinement of methods which are less painful or distressful; and reduction in number of animals used should be considered. Include an appropriate conclusion such as "Literature search verified that procedures and methods described in this protocol are currently accepted methods and minimize pain and distress to the animals and that there are no alternatives available for these procedures."

**Databases searched** 

**NORINA** 

http://awic.nal.usda.gov/

http://www.aphis.usda.gov/animalwelfare

http://www.animalearn

http:neavs.org

Specific key words used in your search including animal species, pain, stress, distress, alternatives and specific type of research: Physical, examination, alternatives, microchip implantation, dogs, cats

**Dates search covered** 

2000 through November 2013

Date search completed

11/25/2013

Conclusion

Several adjunctive audiovisual aids were identified to minimize the amount of handling necessary to achieve proficiency in microchip implantation. Accurate, less invasive methods for the required proficiencies are otherwise not available through models or lower species.

7) JUSTIFICATION OF LIVE ANIMAL USE AND SPECIES SELECTION Alternatives to live animal use must be considered and the lowest appropriate phylogenetic species must be used. All tasks listed for completion by students are required by the CVTEA as described in the Accreditation Policies and Procedures Manual, Appendix I. All tasks performed by students will be under the direct supervision of a licensed veterinary professional.

### 8) ATTENDING VETERINARIAN

An attending veterinarian must review proposed procedures, especially drug use. He/she must also sign all protocols. The Veterinarian must have experience with the species for which he/she is responsible. are to be obtained through or with the approval of the Attending Veterinarian.

ANESTHESIA & PAIN CONTROL
Name and purpose of drug to be given NA
Dose NA
Route of administration NA
Maximum volume NA
Frequency of dosing NA
If pain alleviation interferes with end point measurements, a complete justification must be included, (i.e. pain <a href="Category E Protocols">Category E Protocols</a> )  NA
Who will perform this procedure NA
Specific training of each person for each type of anesthesia/pain control procedure they will perform NA
EUTHANASIA/CARCASS DISPOSAL AVMA Euthanasia Guidelines must be followed <a href="http://www.avma.org/resources/euthanasia.pdf">http://www.avma.org/resources/euthanasia.pdf</a> . If you don't plan to euthanise animals, you must still be prepared to euthanise an animal because in all protocols, which include manipulations, an animal may be seriously injured and need to be euthanised.  Method of euthanasia to be used (all AVMA methods classified as "conditionally acceptable" must be justified in writing)  NA
If drugs are used specify the agent NA
Dose NA
Route of administration NA
Maximum Volume NA
Justification for "conditionally acceptable" methods NA
Who will perform euthanasia procedure NA
Specific training of each person for each type of euthanasia they will perform NA
Describe how carcasses will be disposed of (especially applicable to carcasses which have been exposed to recombinant DNA, infectious, toxic or radioactive agents or euthanised with drug)  NA  If animals are not euthanized, what will be their final disposition (especially federal threatened, endangered, or state sensitive species)  All animals utilized for training purposes are owned by the animal care facility and all tasks are performed on site. An MOU is in place regarding all animal use.

Species	Attending Veterinarian Name	Attending Veterinari	an's Email Address
canine and feline	Cathleen B. Forester DVM	Cathleen.forester@	coastalalabama.edu
Attending Veterina Animal use is justifie	 rian Comments d and minimally stressful. Pain should	I not be present in healthy	animals as requested by
MOU.	reasonable based upon preliminary en	·	• •
	oon first year "pilot" program use.	Tomient and planning, but	may need to be adjusted by
C' C-4l	L D. E DVM	D-4-	10/05/15
Signature Cath	lleen B. Forester DVM	Date	10/05/17

## 9) SUPPLEMENTAL INFORMATION

Please read carefully & place a "Y" or "N" to each question & provide information as required.

- a. Y \_ Is the proposed species covered under the <u>Animal Welfare Act</u>? (i.e. dogs cats, non-human primates, guinea pigs, hamsters, rabbits, wild mammals, and any species used in bio-medical research)
- b. Y \_ Are <u>any animals described in this application privately owned?</u> If yes, contact your department head for discussion of liability issues and the potential need for a signed "Owner's Release Form", and provide written notice to the IACUC.
- c. N\_ Is <u>surgery</u> in which the animal recovers part of this application? If yes, the person performing the procedure must prepare a description of the procedure, and the level of asepsis to be maintained. A record must be made for each procedure performed including anesthesia, analgesia, and pre- and post- operative care.
- d. N\_ Is <u>tail clipping</u>, to obtain blood or tissue sample, of rodents over two weeks of age a part of this application? If yes, a specific written justification must be included with this application.

## 10) CERTIFICATION

/ certify that the above is a complete and accurate description of all proposed use of LIVE animals in this activity. I agree that if there are SIGNIFICANT CHANGES from those procedures described in the application I will, prior to the change, prepare a written amendment to this application and receive written IACUC approval prior to implementing the changes.

I assure that students, staff, faculty, or other personnel who perform the procedures described above are QUALIFIED to perform the procedures in a humane and scientifically acceptable manner. I certify that the procedures conducted do not unnecessarily duplicate previous experiments.

Faculty Applicant Name	Cathleen B. Forester DVM		
Signature		Date	10/05/17