Daily Log Sheet for Food or Fluid Regulation

Refer to the Policy for Food and/or Fluid Regulation on the IACUC Policy Website

Protocol #:_____ PI:_____

Contact Person:_____

Contact Phone/s:_____

Type of Restriction: Food ☐ Water ☐ Both ☐ Baseline Weight: _____

Restriction Start Date: _____ Restriction End Date: _____

Feeding Times (if scheduled access): _____

Animal ID# _____ *If being offered ad-libitum, indicate “ad-lib” in column

Date/Time	Water* Amt given	Food* Amt given	Body Weight Minimum Weekly	Health Observations	Initials