

**International Wildlife Health Institute (IWHI)
Project and Funding Application**

Date: _____

Title of Proposal: _____

Is this a Management or Research Proposal: _____

Principal Investigator:

Name: _____

Fax: _____

Address: _____

Cellular: _____

Office Tele: _____

Country _____

Names of Other Investigators:

1. _____

Tele: _____

2. _____

Tele: _____

3. _____

Tele: _____

Affiliated Institution or Organization: _____

Contact Person: _____

Address: _____

Tele: _____

Office Tele: _____

Office Fax: _____

Cellular Tele: _____

Country: _____

Email: _____

Funding Sources: (Other than IWHI):

1. _____ Amount _____

2. _____ Amount _____

3. _____ Amount _____

Proposed Dates for Project or Research _____

- If there are any changes to this project before completion date you must notify IWHI immediately.

Phase1 _____

Phase 2 _____

1. Species and number of animals predicted to be involved in this project or research:

- 1. _____ No. _____
- 2. _____ No. _____
- 3. _____ No. _____
- 4. _____ No. _____

2. Purpose and justification of the study or project:

3. The rationale for capture and handling the animals:

4. Relevance of the project to human/animal health or understanding the species biology

5. Describe the species, sex, age, and number to be handled. Be concise.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

6. Study areas and terrain:

7. How will the above decision affect or benefit this wildlife species?

8. And/or people?

9. Name of veterinarian:

(DVM providing care and supervision of animal handling, and treatment should the need arise)

Name: _____

Address: _____

_____ Office Tele: _____

_____ Home Tele: _____

_____ Cellular: _____

Country: _____ E-Mail _____

10. Animal Care and Procedures:

Respond to all items. For all yes responses, provide descriptions and additional information in the blanks provided.

Attach additional sheet, if required.

Yes/No

___ Blood sampling (describe techniques, site of collection, volumes)
Purpose?

___ Sampling of urine/feces (indicate method)

___ Administration of drugs (other than anaesthetics or analgesics -
describe route of administration)

___ Administration of anaesthetics (agent, dose, route)

___ Administration of analgesics (agent, dose, route)

_____ Controlled substance, including anaesthetics (describe arrangements for use/security)

_____ Collection of tissues post euthanasia (if need arises)

_____ Restraint (describe method, duration)

_____ Procedures involving pain, where pain-relieving methods will not be used (completely describe procedures)

_____ Project does not unnecessarily duplicate previous projects or procedures

_____ Other procedures to be conducted (e.g. radio collar)

11. Disposition of animals:

12. If euthanasia is required:

Specify method, agent, and route of administration; must be consistent with the most recent AVMA or local authority euthanasia guidelines.

13. Alternative to live animal use:

Governmental regulations in many countries require that the principal investigator consider alternatives to procedures that may cause more than momentary of slight pain or distress to animals covered by the Animal Welfare Act. Animals currently exempted from the Act are laboratory-bred rats and mice, birds, cold-blooded vertebrates and livestock used in production research.

If you have listed animals covered by the Animal Welfare Act you must provide the following information.

Do in vitro, non-invasive or non-surgical alternatives to the proposed procedures exist? If yes, state why these alternatives are unacceptable.

Has the proposed study been designed to minimize or maximize the number of animals used while still providing scientifically valid results?

14. Personnel Qualifications:

Personnel actively involved with animal components of the project and qualifications:

All Team Members	Name	Qualifications
Principal Investigator		
Capture Team	1	
	2	
	3	
	4	
	5	
Other		

Have personnel involved with project attended seminars on animal restraint and handling? Yes ___ No ___

Specify: _____

IWHI Participation:

Provide the potential number of funding partners or IWHI sponsors that could be included in this project and the estimated budget required for each phase:

Phases	Foreseen Dates	Number	Budget in USD
Phase 1			
Phase 2			
Phase 3			
Phase 4			
Phase 5			

Supply a detailed budget for Phase 1:

Description	Amount
Total	

Principal Investigator Assurance:

The information contained on this form provides an accurate description of the project and the IWHI protocol for approval will be followed. I agree to abide by governmental regulations, IWHI and Animal Care and Use Committee policies concerning the use of animals. I will allow veterinary care to be provided to animals showing evidence of pain or illness.

If the information provided for this project concerning animal use should be revised, or procedures changed, I will notify IWHI of those changes immediately. I understand that failure to report significant changes may place this project in violation of this agreement with IWHI and the Scientific Advisory Board.

If this project is approved, IWHI will assign a facilitator to assist you with the adventure travellers/participants. According to this agreement, IWHI will arrange for accommodations, travel, and other expenses for participants. You or your researchers will be required to interact with, and instruct the IWHI travellers and sponsors regarding habitat and species issues related to your project.

Signature of Principal Investigator:

Date: _____

PLEASE RETURN COMPLETED FORM BY MAIL OR COURIOUR TO THE INTERNATIONAL WILDLIFE HEALTH INSTITUTE, 1636 BLUE SPRUCE, SUITE 202, FORT COLLINS, CO 80524