

Consent to Treat

Project Title

APPROVAL

Approve any and all treatments that you will allow without prior notification or permission. You will receive email notification when a treatment is started and again when completed along with an update on the condition.

PRINCIPAL INVESTIGATOR

Last Name

First Name

Email

Protocol #

CONSENT

I hereby consent to the following treatment(s) or action(s) to be instituted by veterinary staff for these common health conditions that may be observed and diagnosed in mice or rats that are listed under my IACUC approved protocol. After initial treatment I will be notified of the condition and treatment plan. I agree to be billed for these service at the BU specified rates for materials and special services as indicated on my Authorization for Animal Housing and Special Services Costs form.

Employee/Candidate Signature

Date

Printed Name

TREATMENTS

1. Mild-moderate dermatitis

Yes	No	Topical skin cleanser (Chlorhexidine)
Yes	No	Topical anti-itch (Caladryl)
Yes	No	Topical antibiotic cream/ointment (TAO)
Yes	No	Systemic antibiotics (Sulfatrim in water)

2. Severe, pruritic, ulcerative dermatitis

Yes	No	Immediate euthanasia
Yes	No	Nail trim and topical anti-itch (Caladryl)

3. Conjunctivitis

Yes	No	Flush eye with sterile saline
Yes	No	Topical antibiotics
Yes	No	Systemic antibiotics (Sulfatrim in water)

4. Malocclusion

Yes	No	Teeth trim and soft food/napa nectar weekly
Yes	No	Euthanasia

5. Head tilt

Yes	No	Euthanasia
Yes	No	Systemic antibiotics (Sulfatrim in water) & supportive care

6. Hydrocephalus

Yes	No	Euthanasia
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7. Fight Wounds: Mild-moderate

Yes	No	Topical skin cleanser (Chlorhexidine)
Yes	No	Topical antibiotic cream/ointment (TAO)