**Template of Cage label**



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| --- | --- |
| Animal no/group:  | **Emergency contact no:**  |
| Principal Investigator: Contact no:  | Attending Veterinarian:Contact no:  |
| Student’s name: 1: Contact no:2: Contact no:  |
| Project title: |
| IACUC approval no:  | Species/strain:  |
| No. of animals/cage: | Sex:  |
| Starting date of experiment:  | Ending date of experiment: |
| Remarks: |