

EASTERN SHORE LABORATORY

Animal Maintenance Schedule

Name: _____

Organism(s): _____

Project start date: _____ End date: _____

Investigator's Schedule (Will you be here for the entire project? If not, note when you will be away?):

Tanks in use: _____

Feeding schedule:

	S	M	T	W	T	F	S
am							
pm							

Food source: _____

Dead animal procedures:

Cleaning schedule: