POLICY NUMBER: A-011

TITLE: Policy for Adoption of Research Animals

1.0 PURPOSE

This policy describes the requirements and restrictions for adopting research animals that are housed in the VA Pittsburgh Healthcare System (VAPHS) Animal Research Facility (ARF) and will no longer be used for research purposes.

2.0 REVISION HISTORY

<table>
<thead>
<tr>
<th>R&amp;D Approval Date</th>
<th>Revision #</th>
<th>Change</th>
<th>Reference Section(s)</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 24, 2018</td>
<td>New</td>
<td>None</td>
<td>N/A</td>
<td>April 27, 2018</td>
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</table>

3.0 SCOPE

This policy applies to any research animal that is no longer is used in research and can be considered a candidate for adoption as a pet. This policy is only applicable for animals housed at the VAPHS ARF.

4.0 POLICY

When a Principal Investigator determines that an animal is no longer useful for research purposes, they may request that the animal(s) be offered for adoption as a suitable alternative to euthanasia.

4.1 Adoption of Research Animals

The Consulting Veterinarian and the ARF Supervisor will evaluate each request for adoption of research animals owned by and housed at the VAPHS. The Institutional Animal Care and Use Committee (IACUC) does not need to be involved in routine adoptions, however, members will be informed of any adoption placement. Only individuals who are affiliated with the VAPHS will be permitted to adopt research animals. The individual must be knowledgeable about the routine care of such animals and assure that the animal(s) will be maintained as a pet.

4.2 Restrictions on Animals Placed for Adoption

Only animals that are healthy and have not been rendered permanently incapacitated, debilitated, or disfigured may be released for adoption. Animals that have been genetically modified, infected with agents that are hazardous to humans, or treated with any radioactive, biohazardous, carcinogenic or toxic substances that pose a risk to human may NOT be released for adoption. Only animals for which ownership is not prohibited or restricted by local, state or federal law may be released for adoption.

VAPHS ARF employees and VAPHS personnel who access the ARF are not permitted to adopt rodents due to possible future biosecurity concerns for the program. The adoption of transgenic animals is prohibited.
4.3 Requirements for Approval of Adoption

The ARF Supervisor and the Consulting Veterinarian will determine the suitability of the animal for adoption and adhere to this policy. The Principal Investigator must provide a statement certifying that:

- The animal is no longer needed for the research protocol
- The animal has not been infected with agents hazardous to humans or treated with any radioactive, biohazardous, carcinogenic, or toxic substances that pose a risk to humans
- Confirmation that the animal has shown no signs of aggression against people or other animals that would place an adoptive person or another pet in the home at risk.

a. In addition, a physical examination, bloodwork, and a parasite examination will be conducted by veterinarian to evaluate the health of the animal. Chronic health conditions that will involve costly or intensive care are generally disqualifying, but some discretion is allowed, based upon the condition of the animal, and the experience and skills of the person interested in the adoption. Note that a health certificate may be required.

b. Full disclosure of current health status and behaviors of the candidate animal is required. Prior to transferring ownership of an animal to the adopter, all relevant medical and behavioral details should be fully disclosed. The adopter must sign an agreement that VA has no further responsibility for the care of the animal after ownership is transferred, and is not liable for the future behavior of the animal.

The applicant agrees to absolve the VAPHS and its officers, employees and agents of all liability associated with, and the responsibility for, said animal. The VAPHS will not be responsible for the care of the animal, including any costs or subsequent health issues experienced by the animal or the cost of those subsequent issues. The applicant agrees not to transfer ownership of this animal and agrees to abstain from any monetary gain associated with the animal. The applicant may not authorize euthanasia for nonmedical reasons, without written consent of the veterinary consult at the VAPHS. The applicant acknowledges receipt of a full disclosure of current health status and behaviors of the candidate animal. The Authorization to Adopt an Animal Owned by the VAPHS form (see Appendix) must be completed prior to the release of any animal for adoption.

To comply with the USDA Animal Welfare Act Regulations in Section 2.35 paragraphs (b), (c), and (e), and Section 2.38, the facility must maintain records which correctly record the following information required for adoption (APHIS forms 7006 and 7001 may optionally be used to record the required information):

- The official USDA tag number or tattoo or microchip (see Page A-30 of the USDA Animal Welfare Inspection Guide);
- A description of the animal (date of birth or approximate age, sex, color/markings);
- Any additional ID numbers or marks assigned by the research facility;
- The name and address of the adopter;
- The date of departure of the animal from the facility.
- The date of transportation and method (e.g., private vehicle) by which the adopter will transport the animal from the VA;

The applicant agrees to absolve the VAPHS and its officers, employees and agents of all liability associated with, and the responsibility for, said animal. The VAPHS will not be responsible for the care of the animal, including any costs or subsequent health issues experienced by the animal or the cost of those subsequent issues. The applicant agrees not to transfer ownership of this animal and agrees to abstain from any monetary gain associated with the animal. The applicant may not authorize euthanasia for nonmedical reasons, without written consent of the veterinary consult at the VAPHS.
• The vehicle license number including state of issuance must be recorded, if the adopter uses a privately owned vehicle to transport the animal; and
• A copy of the adopter’s driver’s license or a copy of another photographic identification card for non-drivers issued by the state.

//signed copy on file //</br>Gretchen L. Haas, PhD</br>Research and Development Committee Chair

//signed copy on file //</br>Steven H. Graham, MD, PhD</br>Associate Chief of Staff for Research and Development
Appendix
Authorization to Adopt an Animal Owned by
VA Pittsburgh Healthcare System

Date: ____________________

Applicant: ____________________________________________________________

Address: ____________________________________________________________

City: ____________________________ State: ___________ Zip Code: _________

ANIMAL IDENTIFICATION:
Species: ______________________ Sex: ______________________ Age: __________

Description (including color, hair/coat description, approximate weight and any identifying numbers):
________________________________________________________________________
________________________________________________________________________

Number of protocol under which animal was used: _____________________________

Principal Investigator: ___________________________________________________

Study Title: ____________________________________________________________

CERTIFICATION OF PRINCIPAL INVESTIGATOR: As the Principal Investigator authorized by the
Institutional Animal Care and Use Committee (IACUC) to use the animal described herein, I certify that
said animal is no longer required for this research protocol and is available for adoption. Furthermore, I
certify that this animal has not been genetically modified, infected with agents hazardous to humans or
treated with any radioactive, biohazardous, carcinogenic or toxic substances that pose a risk to humans. The
animal has shown no signs of aggression against people or other animals that would place an adoptive
person or another pet in the home at risk.

This animal HAS / HAS NOT (circle one) had surgery. If so, procedure that was performed:
________________________________________________________________________
________________________________________________________________________

Signature of Principal Investigator: __________________________________________

Date: ____________________
AGREEMENT:

The ARF Supervisor and the Consulting Veterinarian will determine the suitability of the animal for adoption and adhere to this policy. The Principal Investigator must provide a statement certifying that:

- The animal is no longer needed for the research protocol
- The animal has not been infected with agents hazardous to humans or treated with any radioactive, biohazardous, carcinogenic, or toxic substances that pose a risk to humans
- The animal has shown no signs of aggression against people or other animals that would place an adoptive person or another pet in the home at risk.

I, ____________________________________________, as identified as the applicant, wish to adopt the above described animal for the purpose of maintaining it as a pet. I confirm that I am knowledgeable about the routine care required for this animal. I agree to provide it with humane treatment and to seek veterinary care required for said animal in accordance with commonly accepted veterinary practice. I agree that I will not use or dispose of the animal in any way for monetary gain.

I understand that once I adopt the animal, it may not be returned to the VAPH, and that the VAPH will have no further responsibility for its care. All other veterinary care is my responsibility. I release the VAPH from all liability of any kind whatsoever arising from my adopting the animal.

I acknowledge that I have received a full disclosure of the health status and behaviors of the candidate animal, including all relevant medical and behavioral details of the animal. I agree to absolve the VAPH and its officers, employees and agents of all liability associated with, and the responsibility for, said animal. I acknowledge that the VAPH will not be responsible for the costs to care for the animal, including any subsequent health issues experienced by the animal or the cost of those subsequent issues. I agree not to transfer ownership of this animal to any other individual and agree to abstain from any monetary gain associated with the animal. I acknowledge that I may not authorize euthanasia for nonmedical reasons, without written consent of the veterinary consult at the VAPH.

Signature of Applicant: ____________________________________________________________

Date of Adoption: ____________________________

AUTHORIZATION:

_________________________________________ Date

Consulting Veterinarian, LSCDVAMC

_________________________________________ Date

Associate Chief of Staff/Research