

UM-ST. LOUIS ANIMAL WELFARE UNIT
ANIMAL WELFARE TRAINING VERIFICATION

This is to certify that I received current training in Animal Welfare. This training was in the form of one DVD produced by Massachusetts Institute of Technology:

Animal Care Matters

Signature

Date

Name Printed or Typed

Department/School

Protocol Number

Verification of Principal Investigator

Date

PLEASE RETURN THIS FORM TO:

John C. Hancock III
Manager, Animal Welfare Unit
223 Research Building