**\*\* Nonhuman Primate (NHP)Enrichment / Socialization Plans \*\***

**IACUC Animal Use Protocol Addendum**

**PI Name:** Click here to enter text. **IACUC #:** Click here to enter text.

**AUP Title:** *Click here to enter text.*

**Species:** Click here to enter text.

 Task Completed

1. I confirm that I have reviewed the UMB animal care and use program [ ]

document entitled, *“[Plan to Promote the Psychological Well-Being of the](https://www.umaryland.edu/media/umb/oaa/oac/oawa/guidelines/animal-care-program/Primate-Enrichment-Plan---Addendums_09.2021_IACUC-Approved.pdf)*

*[Non-Human Primate](https://www.umaryland.edu/media/umb/oaa/oac/oawa/guidelines/animal-care-program/Primate-Enrichment-Plan---Addendums_09.2021_IACUC-Approved.pdf)”.*

1. I confirm that I have met with a VR Veterinarian and discussed adherence [ ]

to this plan.

 Date of consultation: Click here to enter a date.

 VR Veterinarian consulted: Click here to enter text.

 Yes No

1. Does the proposed research require an exemption from environmental [ ]  [ ]

enrichment as described in the above plan? If *YES*, please describe

and justify below.

*Environmental Enrichment Exemption(s)*:

Click here to enter text.

 Yes No

1. Does the proposed research permit animals be pair housed? [ ]  [ ]

If *NO*, please provide scientific justification (below) as to why certain animals cannot be pair housed.

*Social Housing Exemption(s):*

Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click here to enter a date.

Principal Investigator Signature Date