

**NOTIFICATION OF SINGLY HOUSED PRIMATES**

*THIS FORM SHOULD RESIDE IN THE INDIVIDUAL ANIMAL MEDICAL RECORD  
COMPLETE ONE FORM FOR EACH NHP THAT REQUIRES SINGLE HOUSING*

Form Submitted By: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Species Code: \_\_\_\_\_ NHP ID#: \_\_\_\_\_ Sex: M F

Protocol: A \_\_\_\_\_ - \_\_\_\_\_ Investigator: \_\_\_\_\_

Location: From: \_\_\_\_\_ To: \_\_\_\_\_  No Change

**INCOMPATIBILITY DUE TO FIGHTING**

Date of incident(s): \_\_\_\_\_

ID of animals involved: \_\_\_\_\_

*Check all that apply:*

Caused injury to another monkey  Injured by another monkey

Caused anxiety/distress to another monkey  Made anxious/distressed by another monkey

Did this animal require medical treatment?  Yes  No

**REASONS NOT DUE TO FIGHTING**

*Separation due to (check all that apply):*

Surgical Recovery  Medical Condition  Dietary issue

Other: \_\_\_\_\_

Lack of compatible partner

Cage-mate(s) removed for medical treatment. ID of cage-mate(s): \_\_\_\_\_

Extreme personality:  too aggressive  too timid

Notes/Comments: \_\_\_\_\_  
\_\_\_\_\_

**TIMEFRAME:**  Monthly review  Annual review

\_\_\_\_\_  
Environmental Enrichment Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attending Veterinarian, or designee

\_\_\_\_\_  
Date