

Received <input type="checkbox"/>	ACC/MF/PM/Accounts <input type="checkbox"/>	Order _____ <input type="checkbox"/>		Schedule <input type="checkbox"/>	Census <input type="checkbox"/>
<input type="checkbox"/>	Technician / ISO <input type="checkbox"/>	Confirm _____ <input type="checkbox"/>			



# Campus Animal Facilities

## Animal Request Form

REQUEST NUMBER  
(to be assigned by CAF Office)

This request is for (please choose one):

Principle Investigator \_\_\_\_\_ Department \_\_\_\_\_ Ext \_\_\_\_\_

Animal Utilization Protocol # \_\_\_\_\_ AUP Title \_\_\_\_\_

\*Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone Number \_\_\_\_\_

<i>Animal Care Committee Use Only</i>			
Animals Approved:	AUP Next Review Date:	AUP Expiry Date:	Approved by:

Qty	Species	Strain	Sex	Age/Weight	Date required	CAF Office Use Only – Unit Costs Purchase, Maintenance, Technical or Supply Charges

For ALL import/export of genetically modified mice, a completed "Mouse Passport" must accompany this form.

**Is Accommodation Required?**      **Yes (please specify below)**      **No**

Length of stay \_\_\_\_\_

Please choose location from below; if other please specify: \_\_\_\_\_

*For Isolation facility: OMAFRA PROJECT # \_\_\_\_\_ Signature of UofG-OMAFRA Poultry Species Coordinator \_\_\_\_\_*

**Is a Biohazard Permit required?**      \*If required, does CAF Staff have a copy?      Yes      No      To Follow

**Biohazard Permit #** \_\_\_\_\_

**Source of animals:**

**Housing Instructions:**

**Special services or instructions:**

	3-FUND	6-UNIT	6-GRANT	6-PROJECT	5-OBJECT	9-TBD
Signature of Faculty Member _____						
Signature of Department Chair or Head _____						