Request for Acceptance of Donated or Purchased Animal(s)
for Teaching Purposes

Request Date: ________________________________

Faculty: ________________________________

Species: ________________________________

Purpose: ________________________________

Course # and Name: ________________________________

Course Coding: ________________________________

AUP: ________________________________

Arrival Date: ________________________________

Purchase (Pickup/Ship) Date: ________________________________

Termination Date of Use: ________________________________

Euthanasia Date: ________________________________

Comments: __________________________________________

__________________________________________

Approved: __________________________________

Chair, Department of Clinical Studies

Date: ________________________________

cc: AACF, Department of Clinical Studies – ovcsas.clin@uoguelph.ca
Operations Manager – sharitac@uoguelph.ca
Business Office – ovchscbo@uoguelph.ca