OVC DOG COLONY REQUEST FORM - Prolonged Use

Please return this form to ovcsas.clin@uoguelph.ca or Rm 2142 ANCC Bldg 49, AACF Office (Linda Wing), Department of Clinical Studies.

Investigator/Instructor: ___________________________ Department: ___________________________

Title and Number of Course or Title of Investigation: ___________________________

Animal Utilization Protocol #: ___________________________

Emergency contact name: ___________________________ Phone # and ext.: ___________________________

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<tr>
<th>Date Required (start)</th>
<th>Date no longer Required (end)</th>
<th>Category of Invasiveness</th>
<th>Number of Dogs</th>
<th>Preferred Sex</th>
<th>Preferred Weight</th>
<th>Location of Use</th>
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Special Instructions
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Funding Information

Fund  Unit  Grant  Project  Object
__________________________

Approvals

Signature of Faculty Member  Approved by Chair or Designate
__________________________

Date received  Date
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Scan to caf@uoguelph.ca (or Fax: 519.837.2341)  Date submitted to CAF
cc ovcsas.clin@uoguelph.ca, sharitac@uoguelph.ca, gillana@uoguelph.ca, ajoy@uoguelph.ca

REV: Nov17