

ANIMAL REQUEST FORM

Animal Resources, College of Veterinary Medicine

****PLEASE COMPLETE AND SUBMIT FORM IN TRIPLICATE****

****ALL INCOMPLETE OR UNREADABLE FORMS WILL BE RETURNED WITHOUT PROCESSING****

<u>NAME OF PERSON COMPLETING THIS FORM</u>	<u>WORK PHONE</u>	<u>PROVIDE AS MUCH CONTACT INFORMATION AS POSSIBLE</u>			<u>DATE SUBMITTED</u>
		<u>CELL PHONE</u>	<u>PAGER</u>	<u>EMAIL</u>	
_____	_____	_____	_____	_____	_____
<u>PI</u>	<u>USER</u>	<u>DEPT</u>	<u>AUP#</u>	<u>ANNUAL AUP EXPIRATION DATE</u>	
_____	_____	_____	_____	_____	
AUP TYPE (SELECT ONE): ___ INSTRUCTIONAL OR ___ RESEARCH					

****PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE FOR THE ANIMAL(S) YOU WANT TO ORDER****
****ONLY ONE SPECIES (WITH MULTIPLE DELIVERY DATES) PER FORM****

STRAIN/SPECIES	QUANTITY	AGE	SEX	WT.	DATE/TIME REQ'D	HOUSED AT	# DAYS	VENDOR	AR USE: REQUISITION #
1. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____

*****RAT/MOUSE HOUSING **MUST BE** INDICATED*****

RAT: ___ GROUP OR ___ SINGLE MOUSE: ___ GROUP ___ SINGLE ___ MICROISOLATOR ___ STERILE ___ CONTAINMENT ___ MONOCLONAL

ADDITIONAL HOUSING/HUSBANDRY/ENVIRONMENTAL REQUIREMENTS: _____

****This Section to be Completed By PI's Departmental Office Manager ONLY****

****ACCOUNT NUMBER REMAINS IN EFFECT UNTIL AUTHORIZING OFFICE MANAGER EMAILS AR OFFICE MANAGER (ANGELIAC@VET.UGA.EDU)****

ACCT ASSIGNED TO: _____ ACCT #: _____ ACCT NAME: _____ PROJECT#: _____

SIGNATURE OF OFFICE MANAGER AUTHORIZING EXPENDITURES ON ABOVE ACCOUNT: _____