


**THIS FORM MUST BE TYPED**

**ANIMAL REQUEST FORM**  
*Animal Resources – Vet Med Bldg – Room 206*

Principal Investigator	User	Department	AUP Number	Date Submitted
Individual completing this form	Work Phone №	Cell Phone №	Instructional AUP	Research AUP
			<i>Check applicable box above</i>	

 Species – Strain / Breed	Qty	Age	Sex	Weight	Date Req	Facility	Vendor	OFFICE USE

Indicate housing/husbandry type if ordering Mice:

Indicate number of animal(s) housed per cage if ordering Mice:

Describe (below) any additional husbandry, delivery, environmental, nutritional and/or other special requirements needed for animals ordered on this request:

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**THIS SECTION TO BE COMPLETED BY PRINCIPAL INVESTIGATORS DEPARTMENTAL OFFICE MANAGER**

ACCOUNT NUMBER REMAINS IN EFFECT UNTIL AUTHORIZING OFFICE MANAGER E-MAILS THE ANIMAL RESOURCES OFFICE MANAGER [angeliac@uga.edu](mailto:angeliac@uga.edu)

Faculty (To be Invoiced)	Account Number	Account Name	Project Number
Method of purchase			
Signature of office manager authorizing expenditures on above account: _____			

*Provide complete information with only one species with multiple delivery dates per form - Incomplete forms will be returned without processing*