

Non-Agricultural Research Animal Requisition Form

Instructions: Fill out and return to facility manager

Order Date: _____ Project Director: _____ Protocol #: _____

School/College: _____ Department: _____

Email: _____ Phone: _____ Fax: _____

Name of person placing order: _____ Phone: _____

Account #: _____

Ordering Information: (one species per requisition)

Species: _____ Strain or Stock: _____

Source (check one): Charles River Envigo Jax Lab Other (describe below)

Qty.	Sex	Wt. or Age	Date Needed or Arrival Date	Other Information/Special Considerations	Unit Price	Total Price

Housing Information:

Preferred Housing Location: Mossman Lab Animal Facility UT Medical Center LAF

CVM Lab Animal Facility Jessie Harris Lab Animal Facility

Satellite (please list) _____

Veterinary Care Information:

Individual to be contacted in case of emergency:

Name Home Phone Campus Phone

Please specify who will provide veterinary care for these animals if different than OLAC veterinary staff:

Has the attending veterinarian designee form been completed: yes no