**Veterinary Medical Park Request for Animal Housing**

Tel: 845-5620 Fax: 845-2617 MS 4461

Date:       AAALAC Approved Animal Use Protocol #:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Animal** | **Breed** | **NO.** | **Sex** | **Age/ Weight** | **Date Acquired** | **Date Expected** |
|  |  |  |  |  |  |  |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

Order Comments:

Animals will be ordered by: [ ]  Vet Med Park [ ]  Investigator

Investigator Contact: Name and Phone #.

Charge to: Investigator and Department

Account Name and Number:

***I certify these animals will we used only as detailed within the Approved AUP listed above.***

Authorized Signature and Date:

|  |
| --- |
| ***For VMP Use Only:*** |
| **Notified:** Person, Date, and Time Notified. |
| **Notified by:** Name of the person that notified the investigator |
| **Building/ Pen #:** Building, Pen, or pasture#. |