No._____

ANIMAL EXPORT FORM

VETERINARY RESOURCES
ROOM G-100, MSTF EXT. 6-1590, FAX 6-8538
Email: animalorders@som.umaryland.edu

PLEASE PRINT **IMPORT INSTITUTION CONTACT INFORMATION:**

INSTITUTION NAME: _____

SHIPPING ADDRESS: _____
Street

_____ _____ _____
City State Zip Code Country

RECEIVING INVESTIGATOR: _____PHONE: _____

EMAIL: _____ FAX: _____

INSTITUTION'S VETERINARIAN: _____PHONE: _____

EMAIL: _____ FAX: _____

RECEIVING CONTACT PERSON: _____ PHONE: _____

EMAIL: _____ _____ FAX: _____

QUANTITY	DESCRIPTION (STRAIN/STOCK)	GENDER	AGE AND OR WEIGHT

COMMENTS:

EXPORTER INFORMATION

DATE: _____ INVESTIGATOR: _____ DEPARTMENT: _____

REQUESTED BY: _____ Phone: _____ EMAIL: _____

SHIPPING CHARGES TO BE PAID BY: ☐ EXPORT INVESTIGATOR ☐ IMPORTING INVESTIGATOR

SOAPF: _ _ _ - _ _ _ _ _ _ _ _ - _ _ _ _ _ _ _ - _ _ _ _ _ _ _ _ - _ _ _ (Export PI) OR
Source Organization Activity Purpose Function

SPONSERED ACCOUNT: _ _ _ _ _ _ _ _ - _ _ _ _ _ _ _ _ ANIMAL HOUSING LOCATION: _____
Organization Project Number

FOR VETERINARY RESOURCES USE ONLY

VETERINARY APPROVAL: _____ DATE APPROVED: _____ SHIP DATE _____

FREIGHT OR COURIER COMPANY: _____ AIRWAYS BILL NUMBER: _____