REQ NO._____

AIRWAYS BILL NUMBER: _____

DELIVERY DATE: _____

ANIMAL IMPORT FORM

VETERINARY RESOURCES

ROOM MSTF G-32 EXT. 6-1590, FAX 6-8538

Email: animalorders@som.umaryland.edu

PLEASE PRINT **EXPORT INSTITUTION CONTACT INFORMATION:**

INSTITUTION NAME: _____

SHIPPING ADDRESS: _____
Street

_____
City State Zip Code Country

INVESTIGATOR: _____PHONE: _____

EMAIL: _____ FAX: _____

VETERINARIAN: _____PHONE: _____

EMAIL: _____FAX: _____

CONTACT PERSON: _____PHONE: _____

EMAIL: _____ FAX: _____

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

COMMENTS:

UNIVERSITY OF MARYLAND, BALTIMORE SHIPMENT TO:

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: _ _ _ _ _ _ _ _ - _ _ _ _ _ _ _ _ _
Organization Project Number

ANIMAL PROTOCOL NUMBER: _____ HOUSING LOCATION AFTER QUARANTINE: _____

FOR VETERINARY RESOURCES USE ONLY

VETERINARY APPROVAL: _____ DATE APPROVED: _____