

## Veterinary Resources Animal Request Form

MSTF Room G-100

(Phone) 6-1590 (Fax) 6-1542 (email) [animalorders@vetmed.umaryland.edu](mailto:animalorders@vetmed.umaryland.edu)

Please Print Clearly and Complete All Fields

Principal Investigator: \_\_\_\_\_ Department: \_\_\_\_\_

Order Placed by: \_\_\_\_\_ Campus Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**eUMB Financials**

Animal Purchase: \_\_\_\_\_ Organization \_\_\_\_\_ Project / Purpose \_\_\_\_\_

Per Diem:  Same as above or Organization \_\_\_\_\_ Project / Purpose \_\_\_\_\_

**Vendor (Check one)**

Preferred Approved Vendor:  Jax  Envigo  Charles River  Taconic  Elm Hill

Veterinary Resources  Other: \_\_\_\_\_ Delivery Date: \_\_\_\_\_

IACUC Protocol#: \_\_\_\_\_ Animal Housing Location (Bldg./Room): \_\_\_\_\_

Quantity	Species	Strain/Stock/Breed	Gender	Age/Weight

**Comments** (provide any additional details about this request): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Special Husbandry Needs** (If needed, provide details on type of housing, # of animals/cage, special diet needed, special water needed, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will Animals be exposed to approved hazardous agents and be housed in the animal facilities following exposure?

Yes  No If Yes, please list approved agent(s): \_\_\_\_\_

PI Signature \_\_\_\_\_ Date \_\_\_\_\_

**VR USE ONLY**

**Emergency Order**  **Order Cancellation**

Order and Protocol Approved/Validated by \_\_\_\_\_ Date \_\_\_\_\_

Ordered by \_\_\_\_\_ Order placed with \_\_\_\_\_ Date \_\_\_\_\_