ANIMAL ORDER FORM
SCHOOL OF PHARMACY

1. Investigator who will utilize these animals:

_____ _____ _____
Name (Laboratory No.) (Telephone)

2. Professional level staff initiating this request:

_____ _____ _____
Name (Office No.) (Telephone)

_____ _____
(Signature) (Date)

3. Fill in completely:

Purpose: (Check one)

☐ Research (specify project and/or account no,) _____

☐ Instruction (specify course no. and section) _____

☐ Other (specify) _____

Quantity	Description		Unit Cost
	Species/Strain	Sex/Weight range	

DATE NEEDED _____

Approximate number of days planned to maintain on test _____

_____

APPROVED BY:

_____ _____
DIVISION COORDINATOR (DATE)