

The University of Louisiana at Monroe
College of Pharmacy Vivarium

ANIMAL ORDER FORM

1. Investigator utilizing animals: _____
Name

Laboratory Rm. No. Telephone #

2. Faculty/Staff initiating this request (if different from above):

Name Office # Telephone #

Signature Date

3. Purpose: (check one)

Research (specify project and/or account #) _____

Instruction (specify course # and section) _____

Other _____

Quantity	Description		Vivarium Order Number*
	Species/Strain	Sex/Weight range	

*Vivarium Use only – Make no entry

DATE NEEDED: _____

**IMPORTANT – All orders must be turned
in 30 days in advance of the date needed**

Approximate numbers of days animals will be maintained in this
experiment: _____

APPROVED BY:

DEPARTMENT HEAD

DATE

VIVARIUM DIRECTOR

DATE