Animal Facilities Use Request Form

Please provide ALL information requested and return to Heather Bailey - electronically at hbailey@uoguelph.ca or in hard copy to ANNU 256A.

AUP#: ____________________    PI: _______________________________
Collaborators: ________________________________

Title: _____________________________________________________________________________

Please provide a brief description of the trial and experimental design:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Type of Animal: _______________________
Number of Animals: _______________ Age: _____________ Weight: _______________

Are any of these animals being used for “Third Party” or Contract Research? Yes ____  No _____

Date of Arrival: ______________________

Date of Euthanasia/Departure (approx. or exact, if known): ___________________  OR
Length of time this group will be in ANNU: _____________________________

How many groups of animals and over what period of time: __________________________________

List any staff or students involved in daily care or handling of animals:
____________________  ____________________  _____________________  ____________________
____________________  ____________________  _____________________  ____________________

Feed Quantity & Storage Requirements: # of bags of feed _______ Storage Period ______________

Emergency contact – name and cell #: ____________________________________________________

Room(s) requested: _________________________________________________

List any other rooms or facilities requested:
____________________________________________________________________________________

PI Signature: ______________________________  Date Submitted: ______________________