



## Animal Facilities Use Request Form

Please provide **ALL** information requested and return to Heather Bailey - electronically at [hbailey@uoguelph.ca](mailto: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:

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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:

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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:

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PI Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_