



ANIMAL WING USE REQUEST FORM

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

AUP#: _____ PI: _____

Title: _____

Type of Animal: _____ Number of Animals: _____

Age: _____ Weight: _____

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: _____

If care is being provided by anyone other than ABS Animal Care staff please list their names:

Feed Storage Requirements

of bags of feed _____ Maximum Storage Period _____

Emergency contact – name and cell #: _____

Room(s) requested: _____

List any other rooms or facilities required:

Date Submitted _____