



DEPARTMENT OF

**ANIMAL  
BIOSCIENCES**



## ANIMAL WING USE REQUEST FORM

Please provide **ALL** of the 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: \_\_\_\_\_

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 \_\_\_\_\_