



Animal Wing Facilities Use Request Form

Please provide **ALL** information requested and return to Brooke Adams at badams04@uoguelph.ca.

PI: _____

Project title/purpose: _____

Please provide a brief description of the need and/or purpose for space (including details of trial and experimental design if applicable):

Room(s) requested: _____

List any other rooms or facilities requested: _____

Date room(s) are needed by: _____

Date room(s) will be vacated (and cleaned/disinfected): _____

Animal Details (if applicable):

AUP# _____

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 First Animal Arrival: _____

Date of Animal Euthanasia/Departure (approx. or exact, if known): _____

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 (or other items) _____ Storage Period _____

Storage Location _____

Emergency contact – name and cell #: _____

PI Signature: _____ Date Submitted: _____

Department Chair Signature: _____ Date: _____