

**HOWARD UNIVERSITY COLLEGE OF MEDICINE
VETERINARY SERVICES ANIMAL REQUEST/ORDER FORM**



Date:		IACUC #		Acct. #	
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Investigator	Department	Building	Room	Phone #	Email

Species	Strain or Breed	Sex	Supplier¹: <input type="checkbox"/> Commercial <input type="checkbox"/> Non-Commercial
Select		Select	

Age/Weight	Number of Animals	Number of Animals Per Cage

Further Instructions and/or Special Requirements:

Desired Date of Delivery	Experiment Date

1 Animals non-approved supplier will not be accepted. See VS Import/Export Program

2 Animals purchased from an approved non-commercial supplier will undergo quarantine

Authorized Print:

Authorized Signature: _____

Do Not Write Below This Line VS Personnel Only

Protocol and Animal Availability Confirmed By:	Order Placed By:	Date Ordered	VS Order No.

Vendor	Vendor Agent	Vendor Confirmation No.	PO Number

Description and Quantity Ordered	Unit Price	Shipping Cost	Estimated Total

Estimated Arrival Date	Date Animals Received	Received By

Special Instructions for Shipping and/or Receiving: