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 ________________________