

Rodent and Small Mammal Acquisition Form

Instructions: Fill out and return to facility manager

Order Date: _____ Project Director: _____ Protocol #: _____

School/College: _____ Department: _____

Email: _____ Phone: _____ Fax: _____

Name of person placing order: _____ Phone: _____

Account #: _____

Ordering Information: (one species per requisition)

Species: _____ Strain or Stock: _____

Source (check one): ☐ Charles River ☐ Envigo ☐ Jax Lab ☐ Other (describe below)

Qty.	Sex	Wt. or Age	Date Needed or Arrival Date	Other Information/Special Considerations	Unit Price	Total Price

Preferred Housing:

	Facility	Room Preference	Population density (Animals/cage)
	Mossman Lab Animal Facility		
	CVM Lab Animal Facility		
	MCK Lab Animal Facility		
	Satellite (please list)		

Veterinary Care Information:

Individual to be contacted in case of emergency:

Name Home Phone Campus Phone

Please specify who will provide veterinary care for these animals if different than OLAC veterinary staff:
