

Treatment Request Form

PI Name: _____

Protocol #: _____ Acct #: _____

Species: _____ Room #: _____

WEEKEND

SATURDAY

Date: _____

Animal ID

Treatment

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SUNDAY

Date: _____

Animal ID

Treatment

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Emergency Contact Person: _____

Emergency Phone #: _____

WEEKDAY

DAY: _____ Date: _____

Animal ID Treatment

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DAY: _____ Date: _____

Animal ID Treatment

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please fill out this form when you need to hire the ARC staff to **treat your animals** or **perform post-op checks** in your absence. Be sure to provide all the information requested on the top of the first page and the contact information on the bottom of the first page. You may turn in the completed form to the Vet Tech Office EB12A.

(**WEEKEND** Treatments are to be filled out on the first page. **WEEKDAY** Treatments are to be filled out on the second page.)