

ANIMAL TRANSPORT REQUEST

FAX TO MANAGERS OFFICE (EB06B) 368-5381 AT LEAST 48 HOURS PRIOR TO EXPECTED DELIVERY

DATE OF DELIVERY, P/U: _____ TIME OF DELIVERY, P/U (if time critical): _____

NAME OF REQUESTER: _____ PHONE: _____

PICK-UP CONTACT PERSON & PHONE _____

DESTINATION CONTACT PERSON & PHONE _____

COMMENTS: _____

ANIMALS TO TRANSFER:

DOG ID# _____ PICK-UP ROOM# _____ DELIVERY ROOM# _____

CAT ID# _____ PICK-UP ROOM# _____ DELIVERY ROOM# _____

RABBITS ID# _____ PICK-UP ROOM# _____ DELIVERY ROOM# _____

RATS # CAGES _____ PICK-UP ROOM# _____ DELIVERY ROOM# _____

MICE # CAGES _____ PICK-UP ROOM# _____ DELIVERY ROOM# _____

OTHER ID# _____ PICK-UP ROOM# _____ DELIVERY ROOM# _____

PLEASE MARK CAGES CLEARLY FOR PICK-UP

COMMENTS: _____

OFFICIAL USE ONLY

DELIVERY PROVIDED BY: _____

DATE: _____ AMT OF TIME: _____

FAX TO MANAGER'S OFFICE AT 368-5381 AT LEAST 48 HOURS PRIOR TO EXPECTED DELIVERY

ARC: DATE RECEIVED: _____