|  |
| --- |
| Internal reference # |
| GW PO # |

**UCSB Animal Resource Center**

**Animal Procurement Form**

**To be completed by PI or authorized staff:**

|  |  |
| --- | --- |
| PI: | Co-PI: |
| Protocol #: | Date submitted: |
| Please Select Source:  CRL (delivers Tues)  JAX (delivers Wed)  Import/export/transfer (contact ARC Manager) | Date of delivery: |
| Per-diem number to charge for census: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # Animals | Sex | Species/Strain/Taxa | Weight/Age | Special Conditions1 |
|  |  |  |  |  |
|  |  |  |  |  |

Attach additional sheets as needed.

|  |  |
| --- | --- |
| Housing, individual2 or groups of #: | Building and room number: |
| Special instructions or requirements for animal housing and care: | |
| Are any of these animals **irreplaceable** and should therefore receive relocation priority in case of a disaster? No Yes (Please make sure that these animals’ cages are identified)3 | |
| Are any of these animals **immunocompromised** and therefore require special housing consideration?  No Yes | |

|  |  |  |
| --- | --- | --- |
| ARC staff initials to confirm receipt: | |  |
| Choose one:  Animals received in good health  Problems with shipment or animals (describe in comments and notify Manager or AV) | | |
| Comments: |  | |