

ANIMALS

Course _____ Exercise _____

Faculty member _____ Phone _____

Date of exercise _____ UCAR# _____

Start time _____ End time _____ Room _____

Trial date (if applicable) _____ Number of animals _____

Trial start time _____ End time _____ Room _____

Comments _____

ANIMAL INFORMATION

Species _____ Sex _____

Quantity _____ Strain _____

Size _____ Source _____

PREPARATION

Fast overnight _____ Special diet _____

Shaving instructions _____

Anesthetic _____

Miscellaneous _____

DISPOSITION AFTER EXERCISE

Is animal expected to recover? _____ Sacrificed? _____

Sacrificed by whom? _____

ORDER INFORMATION

Ordered by _____ Phone _____

Order date _____ Account# _____

