

**REQUEST FOR VIVARIUM ACCESS**

**The University of Rochester  
Animal Resource**

This request for Vivarium access **MUST** be approved by the University of Rochester Animal Resource Attending Veterinarian **PRIOR** to the visit.

**To Be Completed by Requestor:**

Investigator Name: \_\_\_\_\_ UCAR Number: \_\_\_\_\_

Department: \_\_\_\_\_ Species: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Pager Number: \_\_\_\_\_

Provide the following information about proposed visit:

Date(s): \_\_\_\_\_

Time(s): Start: \_\_\_\_\_ End: \_\_\_\_\_

Visitor's Name(s) Printed: \_\_\_\_\_  
 \_\_\_\_\_

Representing: \_\_\_\_\_

Specific animal facilities to be visited (building, room): \_\_\_\_\_

Scientific reason for visit: \_\_\_\_\_

Signature(s): **I agree that, 1) I will observe only, without participating in animal procedures, 2) I have been provided with information about health risks associated with the animals I will observe, 3) I will be accompanied by a UCAR approved investigative staff member (or Animal Resource member) at all times and 4) I will wear the badge assigned to me at all times while visiting the UR Animal Resource areas.**

\_\_\_\_\_  
 \_\_\_\_\_

**I will ensure that all facilities, animal care, research procedures and policies are followed by these visitors at the University of Rochester. I will assure that visitors are accompanied by University of Rochester approved personnel and enter only approved areas.**

\_\_\_\_\_  
Principal Investigator (or his/her designated UCAR approved staff member)

\_\_\_\_\_  
Date

**Visitor Escort**

(Submit completed form to the Animal Resource Office, Box 674, Fax 273-1085, or e-mail [Animal\\_Resource@urmc.rochester.edu](mailto:Animal_Resource@urmc.rochester.edu))

**To Be Completed by University of Rochester Attending Veterinarian or designee:**

Request:  Approved Assigned badge number: \_\_\_\_\_

Denied – explanation of denial: \_\_\_\_\_

\_\_\_\_\_  
Attending Veterinarian or Designee

\_\_\_\_\_  
Date