

**ANIMAL HUSBANDRY SERVICE REQUEST
DIVISION OF LABORATORY ANIMAL RESOURCES (DLAR)
FAX Request to (919) 684-8578**

DATE/TIME: _____ **REQUESTED BY:** _____

INVESTIGATOR: _____ **PHONE #:** _____ **FAX #:** _____

*This area is designed for you to indicate the date and time that you would like your animal fasted **prior to your procedure**. If you have any questions **regarding this section**, please contact the DLAR veterinary staff at (919) 684-4171 for further clarification and assistance.*

ANIMAL NPO

Species: _____ ID #'s: _____

Present Location of Animal(s) Building: _____ Room #: _____

Date: _____ am/pm Date: _____ am/pm

Date: _____ am/pm Date: _____ am/pm

Special Instructions/Requests: _____

ANIMAL DELIVERY

Species: _____ Delivery Date: _____ am/pm

ID #: _____

Present Location of Animal(s) Building: _____ Room #: _____

Deliver to: Building: _____ Room #: _____

Special Instructions/Requests: _____

**Any animals being transferred to the farm must be signed off on by a veterinarian.

(Veterinarian Signature)

ALL REQUESTS MUST BE MADE BY 2:00 PM THE PREVIOUS WORKDAY.

ALL REQUESTS MUST BE MADE IN WRITING; NO REQUESTS WILL BE ACCEPTED BY PHONE.