



PONCE SCHOOL OF MEDICINE

ANIMAL RESEARCH FACILITIES

Southern Veterinary Service



Urb. Industrial Reparada Calle A Lote #4 By-Pass Avenue P.O. Box 7004 Ponce, P.R., 00732
Tel. (787) 841-4666 Fax. (787) 812-1207 E-mail: rponton@psm.edu

ANIMAL REQUISITION FORM

Investigator Information

Protocol Name:
Protocol Num: Date of IACUC Approval:
Principal Investigator: Dept:
Order placed by: Date of Request:
Phone: Fax: Email:

Ordering Information

Vendor or Institution: Requested Delivery Date:
Species: Age: Weight:
Strain: Sex: Number:

Special Requirements:

Housing Information

Building: Room Number (if known):

Special housing needs, handling, diets, watering, etc.

Principal Investigator's Signature:

Your signature indicates that you are responsible for the use of these animals, as well as purchasing and housing cost

Confirming Information – For ARF Use Only

Date Ordered	Delivery Date	Order #	Ordered by
Comments			

Summit :

Reset :