



PONCE SCHOOL OF MEDICINE

ANIMAL RESEARCH FACILITIES Southern Veterinary Service



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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			

Submit :

Reset :