Request to Import Animals from Non-Commercial Vendors Animal Resources-LS FAX to ANIMAL RESOURCES at 706-542-0149

Researcher Information				Date:			
Investigator Name:				AUP Number:			
E-mail:				Phone:			
Department:							
User:				Phone:			
E-mail:							
Account Number (for shipping, QA charges and per diems)				Account Name:			
Shipping Contact Information				Shipping to be paid by: □ Shipper □ Recipient			
Originating Facility:				PI Name:			
Shipping Contact Person:				Vet Name:			
Phone:				Vet Phone:			
Email:				Vet Email:			
A • 1T	e 4•						
Animal Inf						Type of	Number
Quantity	Species	Strain	Sex	Age	Weight	Housing	Per Cage
	Principal Investig						
(Do Not Write Below, for AR use only)							
******	*****	*****	******	*****	******	******	***
	Veterinaria						
Health Reports Received by AV: ☐ Yes Attending Veterinarian Authorization to Import:				Date Received:			
_			Import:		-		-
Quarantine Space Available?				Quarantine Memo sent to PI: ☐ Yes ☐ No			
Manager Ship Date: Courier:				Confirmation Number:			
Order #:				Expected Arrival:			
Sentinel Order #:				Date Left QA:			
DOA:				Ship Cost: QA Cost:			
RR Sent:				Total Billed: Month:			
KK Still.				Total Dillet. Month:			