##### uv_csq_colour[1]**Animal Care services**

**FOR ADMINISTRATIVE USE**

[ ]  Space available in OAU facility

[ ]  Protocol approved and active

**Office of Research Services**

Michael Williams Building, Room B202

PO Box 1700 STN CSC

Victoria BC V8W 2Y2

#####  **Aquatic Animal Order Form**

This completed form (typed or handwritten) is required for aquatics animal(s) purchased or wild-caught. Animal orders **must** have a current approved protocol by the Animal Care Committee (vertebrates only). Email the completed form to **animalorders@uvic.ca****. The authorizing signatory is responsible for all applicable shipping and sample costs unless otherwise indicated.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  |  | **For ACU use:** |
| **Principal Investigator (PI):** |  | Expected Animal Arrival date: |
| **Protocol Number:** |  |
| **UVIC Contact Name:** |  | Animals Received date: |
| **UVIC Contact’s Phone #:** |  |
| Completed: [ ]  |
| **UVIC Contact’s Email:** |  |
| **Arrival Date Requested:** |  |
| **FAST Acct. (10 digit)** |  |
| **Institute/PI Responsible for Shipping Expenses:** | [ ]  UVIC PI[ ]  Shipping institute |
| **I authorize payment of this animal order.** | **Physical signature only** |

|  |
| --- |
| ATTN. Authorizer: Please DO NOT sign this form electronically. Submit by email and please write “I approve” in the body of the email or physical signatures will be accepted authorizations. |

A**nimals will be obtained (wild caught) by Principal Investigator** [ ]  yes, if no please fill out Supplier/Vendor info.

**Permit/license for capture and transfer of wild animal held by**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supplier/Vendor**

|  |  |
| --- | --- |
| **Supplier Name:** |  |
| **Supplier phone #:** |  |
| **Supplier email:** |  |
| **Supplier address:** |  |

**See page 2 for further details.**

**Animal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **# Animals** | **Species** | **Sex (M, F, or N/A)** | **Age****(e.g. larval/ juvenile/ adult)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| Special husbandry requirements/details: |  |
| Researcher name on tank card: |  |

* ***Animals must not be sent prior to University of Victoria’s veterinary approval.***
* ***Once the shipment is approved by the University of Victoria’s Veterinary Director, the University of Victoria contact person must arrange for shipment of the animals to the OAU facility.***
* ***Animals imported from non-commercial sources may be subject to additional quarantine and health testing. Researchers are responsible for these costs. Contact*** ***animalorders@uvic.ca*** ***for further details.***

|  |
| --- |
| **For ACU Use only** |
| Date: |
| Received By: |
| Reviewed Health Record Attached to Shipment: Yes [ ]  No [ ]  If not, why? |
| Record strain received as written on the shipping information sent: |
| # and sex of animals received: |
| Choose One:Full order received: [ ]  Partial order received: [ ]  |
| Emailed arrival of animals:Principle Investigator [ ] Researcher [ ] Veterinarian [ ] AHT Coordinator [ ]  |
| Attach following documents:* Health records and strain information from vendor
* Wild caught – no health records
 |
| Documents verified by: Date: |