

## ANIMAL AND VETERINARY SERVICE REQUEST FOR QUOTATION

INVESTIGATOR: \_\_\_\_\_ PROTOCOL NO.: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

ANIMAL ORDERING DATA

QTY	SPECIES	STRAIN	SEX	WEIGHT/AGE	ORDERED IN INCREMENTS OF	VENDOR
For example: 300	MICE	B6D2F1	F	6-8 WEEKS	50	CHARLES RIVER LABORATORIES

HUSBANDRY -

AVE. DAILY CAGE COUNT: \_\_\_\_\_

DURATION OF PROJECT (NO. OF DAYS): \_\_\_\_\_

SPECIAL REQUIREMENTS (check all that apply and describe in detail below):

- Special Handling       Biohazard  
 Special Caging       Special Diet

*Special Requirements:*

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\*\*\*\*\* Fax completed form to 692-1960 and allow a minimum of 2 days turn around time. \*\*\*\*\*