

Animal Inspection Application Form

Centre for Comparative Medicine | 4145 Wesbrook Mall, Vancouver, BC V6T 1W5
 Phone: 604-827-4938

Email completed form to anca.orders@ubc.ca with the Principal Investigator's name in the subject.

Please complete and save this form electronically. You **MUST** be an authorized user per the [ISD Form](#).

CONTACT INFORMATION	
Date:	Name:
Phone:	Email:

ANIMAL SHIPMENT DETAILS			
Animal shipment date:			
Quantity	Sex	Strain	Age or date of birth
Comments:			

ANIMAL SHIPMENT ORIGIN		
Name of Principal Investigator:		
Contact name (if different from Principal Investigator):		
Department:		
Address:		
City:	Province/state:	
Postal/ZIP code:	Country:	
Phone:	Fax:	Email:
Were the animals born at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, where were the animals born?		
Have the animals been kept in captivity at this location since birth? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, where have the animals been kept?		

ANIMAL SHIPMENT DESTINATION

Contact name:

Company/institution:

Address:

City:

Province/state:

Postal/ZIP code:

Country:

Phone:

Fax:

Email:

Courier name:

INSPECTION DATE

Preferred date of inspection (must be within 48 hours prior to animal shipment):

PAYMENT INFORMATION

Workday Program/Grant/Project/Gift*:

No Pre-Approved Internal Sales Delivery Authorization? Please fill out and submit the [Internal Sales Delivery Form \(pre-approval form\)](#) indicating "one time."

If there is a change to your Workday Worktag, please submit a signed [Internal Sales Delivery Form](#) for each Primary/Driver Worktag you wish to have set up for billing purposes with ACS.

*Use the [Foundation Data Model \(FDM\) Translation Tool](#) to determine your translated Workday Worktags based on a PeopleSoft value such as Speedchart or PG.