

Animal Care Services

Centre for Comparative Medicine 4145 Wesbrook Mall Vancouver, BC Canada V6T 1W5

Phone 604 822 6283 Fax 604 822 3505

Animal Inspection Application

Your name	:			Date:		
When com	pleted,	please email the	form to Animal Care Service	s: anca.orders@ubc.ca		
What date are the animals being shipped out on (YYYY/MM/DD)?						
Quantity	Sex	Туре	Strain	Age (or date of	birt	
Do you hav	e any co	omments on the	animals?			
Chi	-:l- +					
Shipping a						
Name of						
Company	/instituti	ion:				
Address:						
City:						
	ctata					
Province/						
Postal/ ZI						
Postal/ ZI Country:	P code:	mher·				
Postal/ ZI	P code: hone nu					

Name of investigator:	
Contact person (if different from investigator):	
Department:	
Street address:	
City:	
Province/state:	
Postal/ZIP code:	
Country:	
Contact phone number:	
Contact fax number:	
Contact email address:	
Vere the animals were born a ☐Yes	nd kept in captivity since birth in the location listed above (# \square No
	born and/or kept?
f NO, where were the animal	