

**Animal Delivery Service Request**  
Center for **L**aboratory **A**nimal **M**edicine and **C**are

Phone: 713.500.4453  
Fax: 713.500.0409  
Email: [acare@uth.tmc.edu](mailto:acare@uth.tmc.edu)  
DBB room 537

**Usage:**  
Transportation of animals from one facility to another within the TMC complex by CLAMC personnel.

<b>Request Delivery Date</b> _____
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**Requirements:**  
**48 Hour Notice**

**Requestor Information:**  
Investigator: \_\_\_\_\_ Protocol Number: \_\_\_\_\_  
Requested by: \_\_\_\_\_ Ext: \_\_\_\_\_ Date: \_\_\_\_\_

**Animal Information:**  
Species: \_\_\_\_\_ Strain/Breed: \_\_\_\_\_  
Total Number of Cages/Animals: \_\_\_\_\_

<b>Current Housing Location:</b> Building: _____ Room: _____	<b>Cage Card Number(s):</b> _____ _____ _____ _____ _____
<b>Deliver To:</b> Building: _____ Room: _____	_____ _____ _____ _____ _____
<b>Preferred Time:</b> _____	_____ _____ _____ _____
<b>Special Instructions:</b> _____ _____ _____	_____ _____ _____ _____

**Animals Returning:**  
*All animals must be returned within 24 hours, unless terminated or housed in an AWC approved facility.*  
Return Date: \_\_\_\_\_  
Preferred Time: \_\_\_\_\_

**Animals Not Returning:**  
Please Check Applicable Response  
\_\_\_\_\_ Terminated within 24 Hours  
\_\_\_\_\_ Housed in Approved Facility  
Building: \_\_\_\_\_  
Room: \_\_\_\_\_

In accordance with federal requirements, the Animal Welfare Committee must approve all facilities where animals are housed (any place where animals are kept for periods of 24 hours or more). Please refer to Rodent Satellite Housing Requirements and Request for Rodent Satellite Housing forms, if you are wanting to seek approval for housing rodents outside of the CLAMC facilities for periods in excess of 24 hours. This information can be sent to you by contacting Dr. Robinson at x7543 or the CLAMC main office at x4453.

Administrative Use Only

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

If animals housed more than 24 hours, AWC protocol was checked to verify AWC approval

Veterinarian Approval: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Veterinarian approval needed before animals can be relocated.