**ANIMAL EXPORT FORM**

**University of Maryland, Baltimore County**

send completed form to: tcoksaygan@vetmed.umaryland.edu

Fax: (410) 706-8538

# **RECEIVER INSTITUTION CONTACT INFORMATION**

# ***(place where animals are shipped to)***

RECEIVER INSTITUTION NAME: Click here to enter text.

ADDRESS: Click here to enter text.

 Click here to enter text.

INSTITUTION’S INVESTIGATOR: Click here to enter text. PHONE: Click here to enter text.

EMAIL: Click here to enter text. FAX: Click here to enter text.

INSTITUTION’S VETERINARIAN: Click here to enter text. PHONE: Click here to enter text.

EMAIL: Click here to enter text. FAX: Click here to enter text.

INSTITUTION’S CONTACT PERSON: Click here to enter text. PHONE: Click here to enter text.

EMAIL: Click here to enter text. FAX: Click here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| QUANTITY | DESCRIPTION (STRAIN/STOCK) | GENDER | AGE AND/OR WEIGHT |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

COMMENTS: Click here to enter text.

**UNIVERSITY OF MARYLAND BALTIMORE COUNTY INVESTIGATOR INFORMATION**

IACUC PROTOCOL NUMBER: Click here to enter text.

DATE: Click here to enter a date.INVESTIGATOR: Click here to enter text. DEPARTMENT: Click here to enter text.

CAMPUS ADDRESS: Click here to enter text.

REQUESTED BY: Click here to enter text. EMAIL: Click here to enter text. PHONE: Click here to enter text.

SHIPPING CHARGES TO BE PAID BY: [ ]  SUPPLYING INVESTIGATOR [ ]  RECIEVING INVESTIGATOR

BLDG/ROOM WHERE ANIMALS ARE HOUSED AFTER QUARANTINE: Click here to enter text.

**FOR VETERINARIAN USE ONLY**

VETERINARY APPROVAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FREIGHT OR COURIER COMPANY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AIRWAYS BILL NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE SHIPPED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DELIVERY DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_