

ANIMAL TRANSPORT REQUEST

EMAIL to arc-transport@case.edu AT LEAST 24 HOURS PRIOR TO EXPECTED DELIVERY

DATE OF DELIVERY, P/U: _____ TIME OF DELIVERY, P/U (if time critical): _____

PICK-UP CONTACT PERSON & PHONE _____

DESTINATION CONTACT PERSON & PHONE _____

ACCOUNT #: _____

COMMENTS: _____

ANIMALS TO TRANSFER:

DOG ID# _____ / _____ PICK-UP ROOM# _____ / _____ DELIVERY ROOM# _____ / _____

CAT ID# _____ / _____ PICK-UP ROOM# _____ / _____ DELIVERY ROOM# _____ / _____

RABBITS ID# _____ / _____ PICK-UP ROOM# _____ / _____ DELIVERY ROOM# _____ / _____

RATS ID# _____ / _____ PICK-UP ROOM# _____ / _____ DELIVERY ROOM# _____ / _____

MICE ID# _____ / _____ PICK-UP ROOM# _____ / _____ DELIVERY ROOM# _____ / _____

OTHER ID# _____ / _____ PICK-UP ROOM# _____ / _____ DELIVERY ROOM# _____ / _____

PLEASE MARK CAGES CLEARLY FOR PICK-UP

COMMENTS: _____

REQUESTER: _____

ARC OFFICE USE ONLY

DELIVERY PROVIDED BY: _____

DATE: _____ AMT OF TIME: _____

ARC: DATE RECEIVED: _____

REQUESTER NOTIFIED: _____