##### uv_csq_colour[1]**Animal Care services**

**FOR ADMINISTRATIVE USE**

Space available in OAU facility

Department Chair approved

Housing estimate provided

**Office of Research Services**

Michael Williams Building, Room B202

PO Box 1700 STN CSC

Victoria BC V8W 2Y2

##### **Invertebrate Aquatic Animal Intake Form**

This completed form (typed or handwritten) is required for invertebrate aquatics animal(s) purchased or wild-caught. Animal acquisitions **must** have approval by the Department Chair prior to acquisition. Email the completed form to [**animalorders@uvic.ca**](mailto:animalorders@uvic.ca)**. The authorizing signatory is responsible for all applicable shipping and sample costs unless otherwise indicated.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | | |  | | | | | | |
| UVic Faculty/Instructor | | |  | | | | | | |
| Lab # (if applicable) | | |  | | | | | | |
|  | | | | | | |  | | |
| **Fast Account (10-digits)** | | |  | | | |  | | |
| **Chair Signature** | | |  | | | | **Date:** | | |
|  | | | | | | | | | |
| **University of Victoria Contact Person (e.g., Technician, Principal Investigator):** | | | | | | | | | |
| Name |  | | | | | | | | |
| Phone |  | | | Email |  | | | | |
| **Supplier Contact Person:** | | |  | | | | | | |
| Name |  | | | | | | | | |
| Phone |  | | | Email |  | | | | |
|  | | | | | | | | |  |
| Supplier Name and Address | |  | | | | | | N/A – wild caught  N/A – internally supplied | |
| **Collection License/Permit #** | |  | | | |  | | | |
| **Transfer License/Permit #** | |  | | | |  | | | |
| **Desired Animal Arrival Date** | |  | | | |  | | | |
| **Is new tank set-up required? (tech charges will apply)** | |  | | | |  | | | |

**Animal Information (attach appendix if needed)**

|  |  |  |  |
| --- | --- | --- | --- |
| **# Animals** | **Species** | **Sex (M, F, or N/A)** | **Age**  **(e.g. larval/ juvenile/ adult)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Size:** | | | |

|  |  |
| --- | --- |
| Special husbandry requirements & feed: |  |
| Contact name on tank card: |  |

* **Animals must not be acquired prior to Department Chair & Vet Director approval.**
* **Chair approval requires accompanying quote for housing. Contact** [**acsvet@uvic.ca**](mailto:acsvet@uvic.ca)
* **Once approved, the University of Victoria contact person must arrange for shipment/acquisition of the animals to the OAU facility. Contact** [**animalorders@uvic.ca**](mailto:animalorders@uvic.ca) **or 250-853-3693 for further details.**
* **Wild caught animals and those imported from non-commercial sources may be subject to additional quarantine and health testing. Faculty/Instructors are responsible for these costs. Contact** [**animalorders@uvic.ca**](mailto:animalorders@uvic.ca) **for further details.**

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| **For ACS Use only** |
| Date: |
| Received/Transferred By: |
| Reviewed Health Record Attached to Shipment: Yes  No  If not, why? |
| confirm # & species of invertebrates received: |
| Housing location, tank id & feed regimen: |
| Emailed arrival of animals:  Faculty/Instructor  Contact person  Veterinarian  Husbandry Coordinator  Sr. RLAT Aquatics  Department Chair |
| Attach following documents:   * Housing quote * health information (if provided) |
| Documents completed by: Date: |