

Brigham Young University Animal Import/Export Document

Date Initiated: _____ Shipping Date: _____ Date Shipped: _____
 Courier: _____ Courier Account #: _____ Job #: _____

DO NOT SHIP UNTIL APPROVAL IS GIVEN IN WRITING OR BY EMAIL

Brigham Young University _____

Shipping Address: Brigham Young University Attn: Russ Matheson, Animal Care 2350 N Freedom BLVD Provo, UT 84602	Shipping Address:
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Shipping/Rec. Contact: Russ Matheson Office (801)-422-3979 russm@byu.edu Cell (801) 592-7278	Shipping/Rec. Contact:
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Veterinarian: Sandra Garrett Office: (801) 422-2262 Cell: (801) 372-7479 sgarrett@byu.edu	Veterinarian:
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Investigator: Phone #: Protocol #: Protocol Approves Import/Export Paying for Shipment	Investigator: Phone #: Protocol #: Protocol Approves Import/Export Paying for Shipment
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THIS SHIPMENT MUST BE APPROVED BY THE SHIPPING/RECEIVING CONTACT

This shipment is approved and may be shipped Approval given by:	This shipment is approved and may be shipped Approval given by:
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Species:	# of Males:	Age or Weight:
Strain:	# of Female:	Age or Weight:
Building:	Room:	Animals per cage:
Immune Status:	Normal Deficient	Undetermined
Genetic Modification:	N/A Tg	KO Other

Health Information Requested	Standard Panel	Additional Serology Tests
Ectoparasitology	Endoparasitology	Other
Special Instructions:		