

# ANIMAL REQUISITION FORM

Central Animal Facility,  
Indian Institute of Science, Bangalore 560 012, INDIA  
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User Type(✓): 1. IISc  3. Industry in collaboration with IISc   
2. Academia Outside IISc  4. Industry

IAEC approved protocol No.: \_\_\_\_\_

## Particulars of Animals Requested (To be filled by Users)

Species and strain			
Age / Body weight Range (g)/(kg)			
Total No. of Animals required	Males:	Females:	Total:
Required date			
Requested By (User details)	Name & Designation:	Mail ID:	
	Department:	Contact Number:	
Principal Investigator	Name:	Mail ID:	
	Sign & Date:	Contact Number:	

## Particulars of Animals Supplied (To be filled by Veterinarian In-charge)

Date of supply			
Total No. of Animals supplied:	Males:	Females:	Total:
Age / Body weight Range (g)/(kg)			
Allotted Room No.			
Sign & Date			
Animal Health Declaration:			
	Veterinarian (Sign & Date)		

## Particulars of Receipt (To be filled by user on receipt of animals)

Date of Receipt			
Total No. Animals received	Males:	Females:	Total:
Sign & Date	Remarks (if any):		

## Particulars of Animals Not Used in the Study/Experiment

Number of animals actually used	
No. of unused animals returned to CAF	
Animals returned by (Sign & Date)	
Received by (Sign & Date)	
Remarks:	

Note: Users may request a copy of the this form after receipt of the animals.