



Husbandry Special Service Request

Instructions:

- Email this Special Service Request (SSR) to your Facility Supervisor and/or Program Coordinator.
- Please allow **UP TO 48 HOURS** for SSR to initiate.
- Mark all corresponding cages with SSR cage cards.

Today's Date: _____

Location	Facility: (' <i>uwnetid</i> '@uw.edu)		
	<input type="checkbox"/> 6 th Floor: <i>dvtouch</i>	HRT: <i>vcm6, sarahjh</i>	<input type="checkbox"/> Other:
	<input type="checkbox"/> T-Wing: <i>dvtouch</i>	SLU Brotman: <i>rpc4, sn0wbrd7</i>	<input type="checkbox"/> CHDD/Roosevelt: <i>dvtouch</i>
	<input type="checkbox"/> K-Wing: <i>vcm6, lazycat</i>	SLU 3.1: <i>csaba4</i>	<input type="checkbox"/> HSB: H153, B108: <i>dvtouch</i>
		Foege/ARCF: <i>amespodi, olenai</i>	<input type="checkbox"/> Guthrie/Kincaid/NLD/Hitchcock: <i>vcm6, lazycat</i>
	Room: _____	ID/Tattoo/Name/Ear Tag/	
	Rack #: _____	Etc: Species: _____	Birth Date: _____
	Strain: _____		
Side: _____	Choose One: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Pup <input type="checkbox"/> Neonate		
Row #: _____	# Animals or Cages Involved: _____		
Space			

Contact Info.	Principal Investigator: _____	Requested By: _____
	Protocol: _____	Phone #: _____
	Budget: _____	Cell/Pager: _____
		Email: _____

Instructions	Requests must be renewed every 90 days.
	Start Date: _____ End Date: _____
	<input type="checkbox"/> Do Not Feed** <input type="checkbox"/> Do Not Water**
	<input type="checkbox"/> Special/Medicated Feed <input type="checkbox"/> Medicated Water <input type="checkbox"/> Other:
	**If research group is doing a restricted food and/or water intake, research group must log daily when giving food and/or water. Please see your Supervisor for a group or per cage log.
Instructions (please print legibly): _____	
If unable to reach you at numbers listed above we will provide animals with regular food and water.	

Supervisor Review: _____ Date: _____
 Animal Technician Review: _____ Date: _____