

DLAR Do Not Feed Request

Instructions: Complete form online, print, sign and date at the bottom, and submit to animal care supervisor.

DLAR Use Only
Date Received/Initials
Date Completed/Initials

Principal Investigator:	_____	Protocol # :	_____
Person Issuing Request (if not PI):	_____	Contact Person:	_____
Date Request Submitted:	_____	Telephone #	_____
		Emergency #	_____
Animal ID (cage card #):	_____	Animal Location (Room #):	_____
Species:	_____	Procedure:	_____
		Animal Weight (kg):	_____

Remove feed on this date: _____	At this time:	
Monday	Friday	8:00 a.m.
Tuesday	Saturday	11:00 a.m.
Wednesday	Sunday	3:00 p.m.
Thursday		_____ a.m. p.m.
Please record time feed is pulled if not listed above		
Qty of food/biscuits/produce removed:	_____	
DLAR technician initials when complete:	_____	Time/date completed: _____

Resume feed on this date: _____	At this time:	
Monday	Friday	8:00 a.m.
Tuesday	Saturday	11:00 a.m.
Wednesday	Sunday	3:00 p.m.
Thursday		_____ a.m. p.m.
Please record time feed is returned if not listed above		
Qty of food/biscuits/produce returned:	_____	
DLAR technician initials when complete:	_____	Time/date completed: _____

Signature of person submitting request:

Name

Date