Aquatic Toxicology Research Facility - Request for Animal Housing

 $**Submit\ completed\ form\ to\ \ acrs.atrf@usask.ca\ a\ minimum\ of\ 2\ weeks\ prior\ to\ required\ start\ date**$

Supervisor Name:	Date:
Animal Use Protocol Number:	
Animal Order Number:	
CFOAPAL for animal housing costs:	
Student / PI responsible for these animals:	
Contact Phone #	After hours:
Start date:	End date:
Species being used:	Size or age:
Housing: Tanks / Raceway / Other	Size:
Area: Culture / Exposure Water ter	nperature:
Flow through or static Other equipment requiring electric	
Waste disposal line: Direct to sewer (no contaminants) / Organics line / metals line	
Special holding conditions or requirements:	
Feed: Trout chow / frozen blood worms/ frozen brine shrimp / live hatched brine shrimp / Other	
Feed supplied by: Researcher / ATRF	Feeding frequency:
Person responsible for feedings: ACRS staff / Student / Both (provide instructions below)	
Feeding instructions:	

Carcass disposal needs/instructions: