



DLAR Do Not Feed Request

DLAR USE ONLY

Date Received/Supervisor

Date Completed/Lab Animal Tech

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

Study Director:	_____	Study #:	_____
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. upon recovery post-procedure
Tuesday	Saturday 11:00 a.m. _____ a.m p.m
Wednesday	Sunday 3:00 p.m.
Thursday	
Please record time feed is returned if not listed above	
Qty of food/biscuits/produce returned:	_____
DLAR technician initials when complete:	_____ Time/date completed: _____

For paired animals: do not re-pair animals post procedure; leave separated overnight.

Do not hose cages/room until after procedures are completed today

Signature of person submitting request:

Name

Date