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MAFES Animal, Land and Facilities Use Form

Location of Research:										
Today's Date:	y's Date:		Trial Start Date:			Ending Date:				
Trial title or subject name:										
Investigator:		Telephone Number:								
Graduate Student:						Telephone Number:				
CRIS Number:	Funding Area:				Course Number:					
Extension Activity:										
DESCRIPTION OF ANIMALS REQUESTED										
Туре:	Breed:			Sex:		Age:				
Weight:	Number Needed:		Male:			Female:				
Health of animals needed:										
If specific animals are not designated, please explain a source of animals:										
Livestock Revolving Fund Requested:										
ANIMAL CARE										
Animal should be checked:										
Water Ad lib:	Yes	No	SI	oecial						
How sick animals should be handled:										
How death losses should be handled:										
Contact telephone numbers if this should occur:										
Feeds needed:										
Feed suppliers if applies:										
ANIMAL NUMBER ALLOTED FOR THIS TRIAL										

LAND USE						
Acres requested:	Number of pastures requested:					
Special fencing requested:	<u></u>					
Date fencing will be needed (if not the start date):						
Forage requirements for trial:						
Special species, herbicides, rates and target dates (should have 3-5 day window to cover weather changes):						
Fertilization Type:	Rate per:					
Target dates to be applied (should use same window as above):						
Type of equipment to apply fertilizer:						
How many applications of fertilizer, herbicides etc. will be applied:						
What intervals:						
Tillage requirements:		Target dates:				
Has this project been approved by IACUC?						
NATURE OF TRIAL						
How animals will be disposed of after trial (if applies):						
Infectious agent used:						
Biohazardous substances used:						
FACILITIES USE						
Type of facilities:						
Dates needed:						
Special equipment needed:						
Special personnel needed:						

SIGNATURES:

PI Signature and Date	Department Head Signature and Date
PI Signature and Date	Department Head Signature and Date
Facility Coordinator, Signature and Date	Associate Director, MAFES Operations Signature and Date