EQUINE CENTER RESEARCH REQUEST

Name:	
Department/Bldg/Room:	Email Address:
	Cell Phone:
	Funded Research Source or Sponsor:
Is a Proposal Pending?	Awarded?
Research Trial or Protocol Name: _	
Short name or nickname for this tri	al (the way that you will refer to it):
List personnel involved, including graduate or undergraduate students directly involved: Brief one paragraph statement of proposed trial:	
Starting date:	Ending date:
Number of animals needed:	
	egnant Mare: Gelding: Filly: Colt:
Age of animals: App	orox. weights SexBreed
Source: (mark as many as SIU herd:Purchased by PI: _	s needed, if Gastal's herd, include Gastal's signature) Outside herd:
Gastal's herd: Signat	ture:
Type of space needed (number and	size of pens/stalls/pasture; be specific):
Will the Feed Mill be involved:	
Special feed ingredients needed (so	ource and acquirer):
Does this ration have an Investigati	ional New Animal Drug?
Feeding instructions:	
Special personnel needs:	
Special equipment needs:	
Other instructions or requests:	
Center Manager Signature:	Date:
	Date:
	Date:
RP# to be hilled:	