

# Food Animal Request Form **For Frozen Animals for Food Only**

Please send the completed form to CMP Mail Stop 4473, email to [comparative-medicine@tamu.edu](mailto:comparative-medicine@tamu.edu), or Fax to 845-6706.



**Availability is not guaranteed.**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please select the requested animal(s). Hold Ctrl to select multiple.

Other: \_\_\_\_\_

Quantity: \_\_\_\_\_

Frequency: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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| <i><b>(CMP Office Use Only)</b></i> |                         |                       |
|-------------------------------------|-------------------------|-----------------------|
| <u><b>Offered</b></u>               | <u><b>Collected</b></u> | <u><b>Comment</b></u> |
| _____                               | _____                   | _____                 |
| _____                               | _____                   | _____                 |
| _____                               | _____                   | _____                 |
| _____                               | _____                   | _____                 |
| _____                               | _____                   | _____                 |
| _____                               | _____                   | _____                 |
| _____                               | _____                   | _____                 |
| _____                               | _____                   | _____                 |
| _____                               | _____                   | _____                 |
| _____                               | _____                   | _____                 |

Food Request ID: \_\_\_\_\_