

**Southeastern Louisiana University  
Veterinary Consult Request Form**

Requestor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Contact Information of Requester:**

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

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

**Primary Investigator/Instructor Name:** \_\_\_\_\_

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

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

**Location of Animals (Bldg & Room Number):** \_\_\_\_\_

**Species:** \_\_\_\_\_

**Identification on Cage/Aquarium:** \_\_\_\_\_

**Age of Animals:** \_\_\_\_\_ **Male or Female (circle one)**

**Nature of Medical Concern:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Observed Symptoms:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date Symptoms First Observed:** \_\_\_\_\_

**Please sign and date and submit this form to Dr. Penny Shockett, IACUC Chair.**

**Please Note:** 1) Veterinarian may contact requestor for animal access.  
2) If evaluation is required in less than 72 hours, please contact  
Dr. Dale Peyroux, D.V.M, directly at Office: 985-345-5157 or Cell: 985-320-6232.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_