

**PURDUE UNIVERSITY SCHOOL OF VETERINARY MEDICINE
BIOSECURITY FORM
FOR SVM STUDENTS TRAVELLING ABROAD**

Name: _____ Date: _____

Class: _____ Advisor: _____

Location of international travel:

Brief description of international experience:

Dates of travel:

I expect to have contact with animals or animal premises as defined in the policy

___ YES ___ NO

I have read the 2010 SVM Biosecurity Policy and agree to comply ___ YES ___ NO

If you expect to have contact with animals or animal premises on your externship or off campus block please describe your plan to ensure compliance is:
