
	APPLICATION FORM	 Parc Científic de Barcelona <small>UNIVERSITAT DE BARCELONA</small>
	Visit registration to the PRAAL-PCB facilities	

Visitor Data

Surname:		Name:
DNI/NIF:	Phone number:	@

Company or Institution Information

Name:		CIF:
Department	Address	
Phone number	Fax	@
Location	<input type="checkbox"/> Barcelona Scientific Park	<input type="checkbox"/> Extern

Researcher Responsible for the Visitors Details

Surnames:		Name:
Institution/Company:		
Phone number:	@	

Activity Conducted

<input type="checkbox"/>	Facility visit. Indicate date and time:
<input type="checkbox"/>	Inspection of facilities. Indicate date and time:
<input type="checkbox"/>	Service agreement. Indicate date and time:
<input type="checkbox"/>	Others (specify) Indicate date and time:

I declare that:

1. Do you have companion or farm animals? If so, indicate which and the last date of contact.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Have you come into contact with animals, which incorporate in their diet rodents or lagomorphs? (Ex. reptiles, rapacious, predators, etc).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Does the Institution/Company to which you belong, working with experimental animals?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. If you said yes to the previous question have you been in touch with them? If you said yes again, please specify which specie and the last date of contact.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. If you said yes in the last question, has there been any animal infection alert in your workplace the last 30 days?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Do you usually have any contact with wildlife recovery centers, animal's rights associations, zoos, pet shops or veterinary centers? If you said yes, please indicate with class and the last date of contact.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

7. Do you suffer any infectious disease transmittable to humans or animals?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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All this information is confidential and only be used to evaluate your visit.

We appreciate your cooperation and understanding.

Date and Signature

Visitor	Researcher responsible	PRAAL Responsible
Date	Date	Date