**Veterinary Services (VS) Animal Transfer Request Form**

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| **Donor Principal Investigator (DPI):** |  | **Recipient Principal Investigator (RPI):** |
| Name:       |  | Name:       |
| Contact Phone No(s):             |  | Contact Phone No(s):             |
| IACUC Protocol No.:        |  | IACUC Protocol No.:       |
| Circle Pain Category: B [ ]  C [ ]  D [ ]  E [ ]  |  | Circle Pain Category: B [ ]  C [ ]  D [ ]  E [ ]  |
| Species to be transferred:  |  | Housing Preference (no. per cage): Click here to enter text. |
| Number of animals:      Date of this Request: Click here to enter a date. |  |  |
| Requested Transfer Date: Click here to enter a date.**Current Housing Location:**      **Brief statement of donor animal previous use:**Click here to enter text. |  | **Proposed Housing Location:**      **Brief statement of proposed animal use:** Click here to enter text. |

**Animal Transfer Procedures:**

1. The Principal Investigator (Donor) donating the animals affirms and verifies by initials that animals to be donated have not been exposed to infectious or hazardous agents (biohazardous, hazardous chemicals, select agents, radioisotopes, etc.) and, to the best of his or her knowledge, are compatible with recipient protocol specifications (animal age, species, strain(s), gender, sex) and requirements approved by the IACUC. Donor Initials:\_\_\_\_\_
2. The Principal Investigator (Recipient) receiving the animals affirms and verifies by initials that, to the best of his or her knowledge, animals to be received have not been exposed to infectious or hazardous agents (biohazardous, hazardous chemicals, select agents, radioisotopes, etc.) and are compatible with the recipient protocol specifications (animal age, species, strain(s), gender and sex) and requirements approved by the IACUC. The recipient further affirms that donor animal use will comply with use specified in the IACUC approved protocol. Recipient initials:\_\_\_\_\_
3. It is the responsibility of the Recipient to confer with the Donor in order to acquire any relevant conditioning, training, expected abnormalities of other information regarding donor animals that would make them incompatible for use in the Recipient’s protocol. Veterinary Services takes no responsibility in this regard.
4. The form must be completed and submitted to the Veterinary Services Manager, who will contact the investigators to arrange for movement of the animals and revision of husbandry and census sheets accordingly. The Manager will also generate cage cards for approval by the Donor and the Recipient in order to affirm that the card information is correct.
5. Until the animals are physically moved to the new housing location by the husbandry staff, per diems will continue to be charged to the original investigator. On the day of transfer charges will be applied to the new animal owner (Recipient) and the Donor will not be charged for that day.
6. The number of animals transferred will be subtracted from the total number of animals that have been approved for the Recipient protocol.

**During normal working hours a 48 hr turn-around is required for animal transfer approval/ relocation.**

**Signatures:**

DPI (Donor): Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_

RPI (Recipient): Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_

Transfer Approval (Initials): \_\_\_\_\_\_\_ Approval Date: \_\_\_\_\_\_ Moved by (Initials):\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_