Animal Transfer Request

Date:

Transfer From:

Principal Investigator*

Protocol Number

Mouse/Rat # (refer to section 2.1.1 of protocol)

Room Number

Vendor

Batch Number*

Order Number

Sex

Strain

Number of Animals*

Cage Card Numbers*

Signature*

Transfer To:

Principal Investigator*

Protocol Number*

Mouse/Rat# (refer to section 2.1.1 of protocol)

Preferred housing location*

USDA Category* B C D E

Number Per Cage*

Enrichment* Yes No

Requested Transfer Date*

Please list the date(s) and quantity of animals that will be removed from the AF*

Comments or Additional Directions

Signature*

Thank you!

Receipt — Veterinary Staff Only

Date Approved

Veterinary Signature

Cage Cards Completed Yes

Date Completed

Is the housing location approved and are the animals available?

Signature

Transfer Completed By

Technician — Exporting

Date Removed

Technician

Technician — Importing

Date Received

Technician

*Indicates a required response

When completed, go to "file" and then "send to" Dr. Richard Probst & Linda Massie