

**UNIVERSITY OF ROCHESTER  
VIVARIUM DEPARTMENT AND DIVISION OF LAB ANIMAL MEDICINE  
ANIMAL TRANSFER FORM**

**YOU WILL BE NOTIFIED WHEN TRANSFER IS APPROVED. ANIMALS MAY NOT BE USED UNTIL TRANSFER IS APPROVED**

*Transfer process takes approximately 2-3 days*

**IS THERE AN ANIMAL MOVEMENT PROPOSAL FORM CONNECTED WITH THIS TRANSFER FORM - YES \_\_\_\_\_ NO \_\_\_\_\_**

**ANIMAL MOVEMENT PROPOSAL FORM WILL NOT BE PROCESSED UNTIL ANIMAL TRANSFER FORM IS APPROVED**

HAVE THESE ANIMALS BEEN USED EXPERIMENTALLY

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE EXPLAIN HOW? \_\_\_\_\_

I.D. NUMBERS (IF ANY): \_\_\_\_\_

SPECIES: \_\_\_\_\_ SEX: \_\_\_\_\_ STRAIN: \_\_\_\_\_

SOURCE: \_\_\_\_\_

ARRIVAL DATE: \_\_\_\_\_ ARRIVAL WT OR AGE: \_\_\_\_\_

ROOM NUMBER: \_\_\_\_\_

NUMBER OF ANIMALS: \_\_\_\_\_ NUMBER OF CAGES: \_\_\_\_\_

CURRENT INVESTIGATOR: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

CURRENT DEPARTMENT: \_\_\_\_\_

CURRENT UCAR NO.: \_\_\_\_\_ CURRENT ACCOUNT NO.: \_\_\_\_\_

NEW INVESTIGATOR: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

NEW DEPARTMENT: \_\_\_\_\_

NEW UCAR NO.: \_\_\_\_\_ NEW ACCOUNT NO.: \_\_\_\_\_

PERSON MAKING REQUEST AND DATE: \_\_\_\_\_

**All cages to be transferred will receive new cage cards with the new PI name and UCAR #, unless cage labels requested.**

Original investigator is responsible for picking up new cage cards/ labels and placing them on the appropriate cages or is responsible for marking cages "Transferred to \_\_\_\_\_". Original cage cards marked "Transferred to \_\_\_\_\_" must be returned to the Vivarium office.

NUMBER OF NEW CAGE CARDS NEEDED: \_\_\_\_\_ or NUMBER OF LABELS NEEDED: \_\_\_\_\_

**INTERNAL USE ONLY: PLEASE INITIAL AND DATE YOUR SIGN-OFF**

VET APPROVAL NEEDED: NO \_\_\_\_\_ YES \_\_\_\_\_ ⇒ (FORWARD TO VET OFFICE)

VET INITIAL \_\_\_\_\_ DATE \_\_\_\_\_

ORDERING AND RECEIVING CLERK: INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

VERIFIED UCAR #: YES \_\_\_\_\_ NO \_\_\_\_\_ ⇒ (FORWARD TO UCAR OFFICE) INITIAL \_\_\_\_\_ DATE \_\_\_\_\_

PROCESS ORDER ⇒ DESIRED HOUSING \_\_\_\_\_ 1-WAY OR 2-WAY ROOM \_\_\_\_\_

PRINTED NEW CAGE CARDS: YES \_\_\_\_\_ CAGE LABELS REQUESTED \_\_\_\_\_ DATE \_\_\_\_\_

VIVARIUM DATA CONTROL: INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

VIVARIUM SECRETARY: DATA ENTERED in appropriate regulated animal log: INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

NOTIFY INVESTIGATOR \_\_\_\_\_ CAGE CARDS TAKEN \_\_\_\_\_

**RETURN TO UCAR OFFICE**