



University of North Texas

Animal Transfer Request

Transfer From:

Transfer To:

Animal Use Protocol #:	Animal Use Protocol #
Study Title:	Study Title:
Principal Investigator:	Principal Investigator:
Signature:	Signature:

**Please give at least 48 hr notice for all transfer requests*
Animals may only be transferred to an Approved Study*

Requested Date of Transfer:

Animal Species:

of Animals Transferring:

Animal ID(s):

Any special housing/ husbandry changes required?

Animals Currently Housed in Building/Room/Cage #:

Animals to be moved to Building/Room/Cage #:

Please list all protocol #'s the animal(s) have been on as well as any and all procedures undergone:

Will any agents used previously not complete the associated washout period prior to transfer? If yes, please list agent, dose, route, and date given:

Reason for transfer:

To be completed by Veterinary Staff only:

Transfer approved by: _____	Date: _____
Date of Transfer: _____	