**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:**

\*animals that have undergone prior procedures will require approval for transfer from UNT Veterinarian.

|  |
| --- |
| Transfer approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of Transfer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |