

**FAS, OFFICE OF ANIMAL RESOURCES
ANIMAL TRANSFER REQUEST FORM**

(Please return the completed form to the OAR: FAX (617) 495-4218)

Is this transfer also a request to change ownership of these animals? ~ Yes ~ No

Date:		Transfer No:	
<u>DONOR INFORMATION</u>		<u>RECIPIENT INFORMATION</u>	
PI Name:		PI Name:	
Institution:		Institution:	
Contact:		Contact:	
EMAIL Address:		EMAIL Address:	
Phone No:	Fax No:	Phone No:	Fax No:
Protocol No:		Protocol No:	
USDA Category of Pain: <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		USDA Category of Pain: <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	
Signature:		Signature:	

DESTINATION

Facility:	Room Number:
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ORIGIN *The investigator sending animals must identify animals to be moved. For species other than rodents, medical/veterinary records must accompany transferred animal(s).*

Facility:	Room No:	No. of Cages:	No. of Animals:
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HUSBANDRY- HOUSING REQUIREMENTS:

Housing: Pen, Cage, Special Bedding. _____

Dietary Needs. _____

Provisions For Hydration: Bottle, Dish other. _____.

CLINICAL VETERINARY REVIEW
APPROVED ~ DISAPPROVED ~

SIGNATURE: _____ DATE: _____

Delivered by: _____ **Date:** _____ **Time:** _____

Received by: _____ **Date:** _____ **Time:** _____