

**Office of Laboratory Animal Care
University of Tennessee**

Animal Transfer Request Form

Date: _____ Project Director: _____ Protocol #: _____

School/College: _____ Department: _____

Email: _____ Phone: _____ Fax: _____

Name of person requesting transfer: _____ Phone: _____

Transfer Information:

Transfer animals from protocol # _____ to protocol # _____

Animal identification #(s) _____

Date Animal(s) needed: _____ Expected length of transfer _____

Signature of PI transferring animals

_____ Date: _____

Signature of PI receiving animals

_____ Date: _____

Signature of Attending Veterinarian or designee

_____ Date: _____

Housing Information:

Preferred Housing Location: ___ Walters Life Sciences ___ Medical Center ___ JARTU

___ Vet Med Lab Animal Facility ___ Cherokee Animal Facility ___ Human Ecology

VTH Research Runs ___ Satellite (please list) _____

Veterinary Care Information:

Individual to be contacted in case of emergency:

Name Home Phone Campus Phone

If other than OLAC veterinarians, please list who will provide veterinary care for these animals:

Has the attending veterinarian designee form been completed: ___yes ___no