

**Dept. of LACS UTCVM Animal Transfer Request**

Date: \_\_\_\_\_

Transferring to Protocol # \_\_\_\_\_

PI of protocol \_\_\_\_\_

Name of person requesting transfer: \_\_\_\_\_ Phone: \_\_\_\_\_

Number and species of Animals needed: \_\_\_\_\_

Date and time Animal(s) needed: \_\_\_\_\_

Expected length of transfer \_\_\_\_\_

Location of teaching lab or research: \_\_\_ Cherokee Farm \_\_\_ UTVMC

Any special instructions or needs:

**For facility supervisor or designee to fill out only**

Transferred from Protocol # \_\_\_\_\_

Animal identification #(s)

\_\_\_\_\_  
\_\_\_\_\_

Signature of AV or designee \_\_\_\_\_