

Dept. of LACS UTCVM VREC Animal Request and Transfer form

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: _____

Teaching procedures to be performed: _____

For VREC supervisor or designee to fill out only

Transferred from Protocol # _____

Animal identification #(s): _____

Records completed: _____

Signature of AV or designee: _____