

UNIVERSITY OF ROCHESTER  
VIVARIUM DEPARTMENT  
PI Requested Animal Move Form

Cages to be moved  
have been labeled  
"Move" by: \_\_\_\_\_

To be moved by PI: \_\_\_\_\_

**CAGES CANNOT BE MOVED UNTIL APPROVAL IS GIVEN**

OR

Vivarium to move: \_\_\_\_\_

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

Date of Proposed Move: \_\_\_\_\_

Proposed By: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Room Moving From: \_\_\_\_\_

Room Moving To: \_\_\_\_\_

Investigator: \_\_\_\_\_

Species: \_\_\_\_\_

Have these animals been exposed to hazards in the CURRENT room? ☐ Yes ☐ No

Hazard Name: \_\_\_\_\_

If yes, office staff will send copy to Dr. Moorman-White, DVM

Will these animals be exposed to hazards in the NEW room? ☐ Yes ☐ No

Hazard Name: \_\_\_\_\_

If yes, office staff will send copy to Dr. Moorman-White, DVM

\_\_\_\_\_  
Dr. Moorman-White, DVM

\_\_\_\_\_  
Vivarium Authorization signature and date

\_\_\_\_\_  
DLAM Veterinarian Authorization and date

Cage Card Number (1 per line)	UCAR #	<i>To be completed by Vivarium Staff:</i>		
		<i>1<sup>st</sup> Tech Verified</i>	<i>2<sup>nd</sup> Tech Verified</i>	<i>2<sup>nd</sup> Tech Log Location Rack # and Row #</i>
1)				
2)				
3)				
4)				
5)				
6)				
7)				

**\*Investigator must label all cages to be moved with either a red "MOVE" card or hand-write "Move" on every cage card.**  
*Animal care staff will remove red card or cross out writing when move is completed.*

Comments: \_\_\_\_\_

**OFFICE USE ONLY:**

\_\_\_\_\_  
1<sup>st</sup> Tech Initials / 2<sup>nd</sup> Tech Initials

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

Time Completed: \_\_\_\_\_

Investigator Notified the Move was completed or approved:

Person contacted \_\_\_\_\_

Date Contacted \_\_\_\_\_

Contacted by: \_\_\_\_\_

Email or phone: \_\_\_\_\_

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8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				
16)				
17)				
18)				
19)				
20)				
21)				
22)				
23)				
24)				
25)				
26)				
27)				
28)				
29)				
30)				
31)				
32)				
33)				