

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>1st Tech Verified</i>	<i>2nd Tech Verified</i>	<i>2nd Tech Log Location Rack # and Row #</i>
1)				
2)				
3)				
4)				
5)				
6)				
7)				

Comments: _____

***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.**

OFFICE USE ONLY:

_____ 1 st Tech Initials	/	_____ 2 nd 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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		<i>1st Tech Verified</i>	<i>2nd Tech Verified</i>	<i>2nd Tech Log Location Rack # and Row #</i>
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)				