

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	UCAR #	Destination Location Rack # and Row # <i>To be completed by Vivarium Staff</i>

**"MOVE TO"**  
 labels to be removed in the recipient room by animal care staff when move completed or cross out "Move" written on the cage.

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

**OFFICE USE ONLY:**

_____ Viv Tech Signature OR Lab Tech Name	Date Completed: _____	Time Completed: _____
Investigator Notified the Move was completed or approved: Person contacted _____	Date Contacted _____	Contacted by: _____
Email or phone: _____		