

UNIVERSITY OF ROCHESTER
 VIVARIUM DEPARTMENT
 PI Requested Animal Move Form

Cages to be moved
 have been labeled
 "Move" by: _____

To be moved by PI: _____
 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 been exposed to hazards in the NEW room? Yes No

Hazard Name: _____

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

 Vivarium Authorization signature and date

 DLAM Veterinarian Authorization and date

Barcode 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: _____

 Viv Tech Signature

Date Completed: _____ Time Completed: _____

Investigator Notified the Move was completed:
 Person contacted _____ Date Contacted _____ Contacted by: _____
 Email or phone: _____