

Animal Relocation Request

Request to Relocate the Following (Must be submitted at least 24 hours prior to moving)

SPECIES _____ QTY OF ANIMALS _____

Protocol Number _____

MOVE FROM ROOM _____ TO ROOM _____

_____ Phone #

_____ P.I. NAME (PRINT)

_____ DATE

_____ PI Signature

PI MUST MARK CAGES WITH RELOCATION REQUEST STICKERS, available in CB 1102
Animals cannot be moved until the Attending Veterinarian has signed this form. Indicate whether you will move the animals or if LAS will move the animals.

LAS to move animals _____ **PI will move the animals** _____

NO RELOCATION WILL BE MADE WITHOUT THE ABOVE INFORMATION.

LAS Approval _____

Relocation completed by _____ **Date** _____

******Submit this signed original to Ms. Jenny Whitlock, LAS Office, CB 1102**

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