



# ANIMAL TRANSFER FORM

Submit this form to the following people:

- 1) **ILSB or LS1:** Mary Zabonik ([mzabonik@vt.edu](mailto:mzabonik@vt.edu)) and Erin Kinder ([ekinder@vt.edu](mailto:ekinder@vt.edu))  
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- 2) **Transferring and Receiving Principal Investigator**
- 3) **Animal Resources and Care Division (ARCD) Veterinarians** ([arcdvets@vt.edu](mailto:arcdvets@vt.edu))

PROPOSED DATE OF TRANSFER	
TRANSFERRING PRINCIPAL INVESTIGATOR (NAME AND EMAIL)	FROM IACUC PROTOCOL #
RECEIVING PRINCIPAL INVESTIGATOR (NAME AND EMAIL)	TO IACUC PROTOCOL #

ANIMAL INFORMATION		
SPECIES/STRAIN	TOTAL NUMBER OF ANIMALS	TOTAL NUMBER OF CAGES
PAIN CATEGORY OF RECEIVING PROTOCOL	# OF ANIMALS REMAINING ON RECEIVING PROTOCOL	

BUILDING INFORMATION	
ORIGINATING BUILDING AND ROOM #	DESTINATION BUILDING AND ROOM #
PAIN CATEGORY OF RECEIVING PROTOCOL	# OF ANIMALS REMAINING ON RECEIVING PROTOCOL

ADDITIONAL INSTRUCTIONS/COMMENTS

ARCD OFFICE APPROVAL	
NAME OF ARCD VETERINARIAN OR DESIGNEE	
SIGNATURE	DATE