

# ANIMAL RELOCATION FORM

## COMPARATIVE MEDICINE PROGRAM



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SUBMISSION DATE: \_\_\_\_\_ REQUESTED TRANSPORT DATE: \_\_\_\_\_

PLEASE NOTE:

- Provide **72 business hours** (3 business days not including weekends) for CMP Logistics and Husbandry to prepare animals for transport and schedule delivery
- Delivery times: 10:30am - 4pm Monday – Friday     ✧✧ Housing for BSL3 **NOT** available on Fridays ✧✧
- Special arrangements need to be made for delivery times 8am – 10:30am. These times may not be available
- For large animal relocations, a minimum of **ONE week** is required to process, approve, schedule and transport the animal(s)

Transportation Type: <input type="checkbox"/> Approved PI staff <input type="checkbox"/> CMP	# of Cages and/or Animals:
P.I. Name:	P.I. Phone #:
Requested By:	Phone:
Email:	On arrival contact email:
Protocol #:	Species:
From Bldg./Room #:	To Bldg./Room #:

Please list any other instructions below:

Cage Card #	# Animals/ Animal ID	Cage Card #	# Animals/ Animal ID	Cage Card #	# Animals/ Animal ID

ID#'s and any other descriptions: \_\_\_\_\_

**PI Staff Must Label Rodent Cages for Transport**

P.I. APPROVAL: \_\_\_\_\_ Date: \_\_\_\_\_

See attached emails for approval

<p><b>For CMP Use Only:</b></p> <p><b>Admin Division:</b> Relocation ID #: _____ Date Received: _____ <input type="checkbox"/> New housing location approved on AUP Cage Card Creation Date: _____ Date Completed: _____</p>	<p><b>Husbandry Division:</b> Source Cage Type: _____ Receiving Cage Type: _____ Special Feed: _____ <input type="checkbox"/> BSC</p> <hr/> <p><b>Health Division:</b> <input type="checkbox"/> Health check by: _____</p>
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