Import/Export Animal Transfer Form

Please complete the ‘Import/Export Animal Transfer Form’ if you are receiving or sending animals to another institution. Once the form has been completed, please return to UCR’s Animal Health Technician, Leslie Karpinski.

UCR Contact Information:

<table>
<thead>
<tr>
<th>Veterinarian:</th>
<th>Dr. Akiko Sato</th>
<th>Animal Health Technician:</th>
<th>Leslie Karpinski</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone:</td>
<td>951-827-5845</td>
<td>Phone:</td>
<td>951-827-4689</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:Akiko.sato@ucr.edu">Akiko.sato@ucr.edu</a></td>
<td>Email:</td>
<td><a href="mailto:Leslie.karpinski@ucr.edu">Leslie.karpinski@ucr.edu</a></td>
</tr>
</tbody>
</table>

Today’s Date: ____________________________________ Desired Ship/Receive Date: __________________________

UCR PI requesting transfer: ____________________________________________________________

AUP #: ___________________________ PI Signature: __________________________

Species Information:

<table>
<thead>
<tr>
<th>Qty.</th>
<th>Species</th>
<th>Sex</th>
<th>Specifics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
</tbody>
</table>

Transfer animals: ☐ To UCR from another institution
☐ From UCR to another Institution

Other Institution’s Information:

Institution Name: ________________________________________________________________

PI (name & email): ________________________________________ Phone: ______________________

Veterinarian (name & email): ______________________________________ Phone: ______________________

Shipping Address (exports only): ____________________________________________________

Person responsible for receiving animals: ____________________________ Phone: ______________________

Carrier/Shipping Information:

Name of Carrier: ________________________________________________

Shipping costs: ☐ UCR PI to pay; FAU #: ____________________________

Financial Administrator’s Approval: ____________________________________________

(Signature)

☐ Other institution to pay (supply their account # with carrier)

Vivaria Staff Use Only:

Sentinel Report Received (date): ____________________________ Date order shipped/received: ____________________________

Shipping/Receiving notes/instructions: ________________________________________________________________

Vivarium Manager’s signature: ________________________________________________________________