Research and Economic Development
Office of the Campus Veterinarian

Import/Export Animal Transfer

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 Griselle Ochoa.

UCR Contact Information:

Veterinarian:	Dr. Akiko Sanders	**Animal Health Technician:**	Griselle Ochoa
Phone:	951-827-5845	**Phone:**	951-827-4689
Email:	akiko.sanders@ucr.edu	**Email:**	griselle.ochoaperez@ucr.edu

Today's Date: _____ Desired Ship/Receive Date: _____

UCR PI Requesting Transfer: _____

PI Signature: _____ AUP #: _____

Species Information:

Qty.	Species	Sex		Specifics
		○ **Male**	◉ **Female**	
		◉ **Male**	○ **Female**	

Transfer animals:

○ **IMPORT** Requested final housing location: Bldg: _____ Room: _____

◉ **EXPORT** Current housing location: Bldg: _____ Room: _____

Other Institution's Information:

Institution Name: _____

PI (Name & Email): _____ / _____ Phone: _____

Veterinarian (Name & Email): _____ / _____ Phone: _____

Shipping Address (Exports Only): _____

_____

Import/Export Coordinator (Name & Email): _____ / _____ Phone: _____

Carrier/Shipping Information:

Name of Carrier: _____

Shipping Costs: ○ COA:

(required)	Entity	Fund	Activity	Functn	Program	Project	Flex 1	Flex 2

Financial Administrator's Approval: _____
(Signature)

◉ Other institution to pay (supply their courier & account #): _____
(Courier) *(Account #)*

Vivaria Staff Use Only:

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

Shipping/Receiving notes/instructions: _____

_____

Vivarium Manager's signature: _____