



### 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:**

<b>Veterinarian:</b>	Dr. Akiko Sanders	<b>Animal Health Technician:</b>	Griselle Ochoa
<b>Phone:</b>	951-827-5845	<b>Phone:</b>	951-827-4689
<b>Email:</b>	<a href="mailto:akiko.sanders@ucr.edu">akiko.sanders@ucr.edu</a>	<b>Email:</b>	<a href="mailto:griselle.ochoaperez@ucr.edu">griselle.ochoaperez@ucr.edu</a>

Today's Date: \_\_\_\_\_ Desired Ship/Receive Date: \_\_\_\_\_

UCR PI Requesting Transfer: \_\_\_\_\_

PI Signature: \_\_\_\_\_ AUP #: \_\_\_\_\_

**Species Information:**

Qty.	Species	Sex		Specifics
		Male	Female	
		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: UCR PI to pay; COA: \_\_\_\_\_  
Entity Fund Activity Functn Program Project Flex 1

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: \_\_\_\_\_