

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:	: <u>akiko.sanders@ucr.edu</u>		Email:	griselle.ochoaperez@ucr.edu		

Today's Date:		Desired Ship/Receive Date:						
UCR PI Requesting		**						
PI Signature:								
Species Inform								
	Qty.	Species	Sex		Specifics			
			Male	Female				
			Male	Female				
Transfer anima	als:							
IMPORT		Requested final housing location:		Bldg: Room:				
EXPORT		Current housing location:		Bldg:	Room:			
Other Institution	n's Infoi	rmation:						
Institution	Name:							
						Phone:		
Veterinaria	an (Name	& Email):		/		Phone:		
		(Exports Only):						
Import/Ex	port Coo	ordinator (Name & Email):		/		Phone:		
Carrier/Shipping I								
Name of C								
	Shipping Costs:		UCR PI to pay; FAU #					
Simpping Costs.		Financial Administrator's Approval:						
		Financial Auminisu	ator s'Approvar.	(Signature)				
		Other institution to pay (supply their courier & account #):						
			pu) (supply mon ((Courier)	(Account #)		
Vivaria Staff Use (<u>)</u>]		
		ate):		Date order shi	oped/received:			
		structions:						
vivarium Manager	s signatu	ıre:						