

UNIVERSITY OF ROCHESTER
 VIVARIUM DEPARTMENT
 PI Requested Animal Move Form

Cages to be moved
 have been labeled
 "Move" by: _____

To be moved by PI: _____
 OR
 Vivarium to move: _____

Date Submitted: _____

Date of Proposed Move: _____

Proposed By: _____

Phone Number: _____

Room Moving From: _____

Room Moving To: _____

Investigator: _____

Species: _____

Have these animals been exposed to hazards in the CURRENT room? Yes No

Hazard Name: _____

If yes, office staff will send copy to Dr. Moorman-White, DVM

Will these animals been exposed to hazards in the NEW room? Yes No

Hazard Name: _____

If yes, office staff will send copy to Dr. Moorman-White, DVM

 Vivarium Authorization signature and date

 DLAM Veterinarian Authorization and date

Bellen	CIAR #	Dob R# R# To be completed by Vivarium Staff