



Animal Care Committee

Animal Transfer Form

For Office Use Only

Revised – August 2014

Date Received:

To be completed by Principle Investigator or Instructor receiving animals from sources other than Animal Resources ordering system.

Canadian Council on Animal Care requires UPEI to keep records of the number of animals used in research and teaching. When animals are purchased through the Animal Resources ordering system, the number of animals is provided to the Secretary of the Animal Care Committee. For animals received from other sources, it is the responsibility of the Principal Investigator or Instructor to provide this information to the Secretary of the Animal Care Committee to update the records.

Note:

- Hand written animal transfer forms will not be accepted.
- Submit original copy of animal transfer form to ACC Admin. Assistant in the Dept. of Biomedical Sciences, Room 2302 - AVC.
- Retain a copy for your files.

Health status reports of animals must be provided in advance to Animal Resources. Delivery dates and housing considerations will be discussed after review of health status reports.

Section 1 - Principal Investigator Receiving Animals

Name: _____ Dept.: _____

E-mail : _____ Work Phone: _____

PI Signature: _____ Date: (mm/dd/yr) _____

Protocol #: _____ File #: _____

Animal Species/Strain _____ Anticipated Date of Transfer: (mm/dd/yr) _____

Number of animals in each humane category. A B C D E

Section 2 - Source of Animals

Have the animals intended for transfer been subject to any experimental or teaching procedures? (Place an "X" in Box)

No - proceed to Section A or B with the required information of where the animals are being sourced.

Yes - complete question below, then proceed to Section A or B with the required information of where the animals are being sourced.

If yes, how many were used? _____

Section A - Animals being transferred within UPEI

Name: _____ Dept.: _____

E-mail : _____ Work Phone: _____

Protocol #: _____ File #: _____

Section B - Animals being transferred outside of UPEI

Name of Institution: _____ Contact Person: _____

E-mail : _____ Work Phone: _____

Section 3 - UPEI University Veterinarian Signature

UPEI University Vet. Signature: _____ Date: (mm/dd/yr) _____