

Animal Care  
Services

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## Animal Transfer Form

Original PI

New PI

PI Name	PI Name
Department	Department
Contact name	Contact name
Phone #	Phone #
Protocol #	Protocol #
Present housing location	New housing location
Vendor	Vendor
Species	Species
Strain	Strain
Sex	Sex
ID #	ID #
Quantity	Quantity

Effective Date  
of Transfer

The transfer of animals will be in the quantity as indicated above and the responsibility for the animal care charges will transfer to the indicated effective date.

Comments: