

Portland VA Medical Center
Veterinary Medical Unit
3710 SW US Veterans Hospital Road, R&D-36
Portland, Oregon 97239
(503) 721-7963
FAX: (503) 721-1029

SENDING ANIMALS TO OTHER INSTITUTIONS

*****To be Completed by Investigator*****

PI Name _____ Phone # _____

Protocol # _____ Account # (for billing purposes) _____

Lab Contact or VA Responsible Person _____ Phone # _____ Mail Code _____
Email _____

Receiving Institution _____ PI Name _____
Email _____

Address (Include Bldg. & Dock #) _____

Contact person from receiving Institution's Animal Care Department (Veterinarian or Manager/Supervisor):
Name _____ Phone # _____ FAX _____
Email _____

Anticipated Shipping Date _____ Room # _____

Species of Animal _____ Strain _____ Sex _____ # of Animals _____ # of Cages _____

Health status of the animals to be shipped is usually required by the receiving institution. Permission must be obtained from their Animal Care Department before the animals may be scheduled for shipment.

You may be required to provide the following information:

Customs information (if International) _____

Special handling/Instructions _____

We typically use Validated Delivery Solutions door-to-door delivery service. You are responsible for all costs incurred. **Return the completed form to DeLynn Rohrbacher (503-721-1029 fax or rohrbach@ohsu.edu)**

Investigator's Signature _____

*****To be Completed by VA VMU*****

The receiving Institution has been contacted _____
Animals approved to be shipped _____ Tentative ship date _____

Special Instructions _____

VMU Authorized Signature _____