

**TRANSFER OF ANIMALS: PRINT OUT FORM AND COMPLETE ALL SECTIONS.**

Completed signed form should be maintained in the animal's medical record. Copies are to be provided to the new owner, animal facility supervisor (where animal was housed at WSU) and a copy sent to the Office of the Campus Veterinarian (OCV) office; campus zip - 1165; fax (509)335-3162

WSU USDA # <u>91-R-002</u>	WASHINGTON STATE UNIVERSITY
Accession Number (CVM only) _____	INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE
IACUC ASAF Number _____	ANIMAL RELEASE/DISPOSITION RECORD May 2004 version

**SECTION A: DESCRIPTION OF ANIMAL(S) and HISTORY: TO BE COMPLETED BY UNIVERSITY PERSONNEL FAMILIAR WITH THE ANIMAL** (Print or Type. Please designate "NA" if a space does not apply.)

**\*\*NOTE: ANIMALS WITH KNOWN SERIOUS ACUTE OR CHRONIC EXISTING HEALTH OR BEHAVIORAL PROBLEMS/ISSUES SHALL NOT BE TRANSFERRED. FURTHER, ANIMALS HAVING REASONABLY LIKELY POTENTIAL TO DEVELOP SUCH SERIOUS PROBLEMS SUBSEQUENT TO LEAVING WSU SHALL NOT BE SUBJECT TO TRANSFER.\*\***

Animal's Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_  
Sex \_\_\_\_\_ Neutered (?) Y / N \_\_\_\_\_ Age \_\_\_\_\_ Color/Markings \_\_\_\_\_  
Tattoo/brand/identifying marks (including location of same) \_\_\_\_\_  
Identification # \_\_\_\_\_  
Significant medical history, behavioral information, usage:

Reason for transfer :

For groups of animals, describe group (e.g. number, strain, any identifying characteristics, research/training usage, etc.).

Print/type Name/relationship to animal (i.e. PI, researcher, instructor): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

**SECTION B: VETERINARY EXAM and MEDICAL AUTHORIZATION to RELEASE ANIMAL:** To be completed and signed by a WSU Veterinarian NOT associated with the study/class. Make a statement on the desirability of release to the public (e.g. behavior, health, and medical conditions present):

Physical Exam of Animal Performed on: \_\_\_\_\_ (Date)

Print Name/title \_\_\_\_\_

Signature of Veterinarian \_\_\_\_\_ Date \_\_\_\_\_

**SECTION C: NEW OWNER INFORMATION: TO BE COMPLETED BY PROSPECTIVE NEW OWNER -**

Please Print/type. Attach a letter detailing the reason(s) for requesting the transfer of ownership of this animal and of your understanding of the animal's behavior and condition.

New Owner \_\_\_\_\_ Driver's License No \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number: Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Intended Use \_\_\_\_\_

Planned housing \_\_\_\_\_

Number and types of other animals \_\_\_\_\_

Note: It is the responsibility of any prospective new horse or cattle owner to determine if a brand inspection is required.

**SECTION D - ACCEPTANCE OF OWNERSHIP:**

**I certify that I accept full ownership of and responsibility (including responsibility for all subsequent veterinary care, other care, and/or other expense or damage) for the above-described animal. I am fully aware of the animal's condition as known and as set forth above. I recognize that the animal may have behavioral or medical issues of which Washington State University is not aware including but not limited to behavioral or medical issues that will develop with time from whatever cause or origin. I understand that no representation is made as to any training of the animal or its tractability. Horses are not trained for riding or otherwise. I recognize that the animal may have or is likely to have some medical and/or behavioral issues. These include problems that could pose risk of damage to persons including me or my/others' property and/or could result in significant veterinary or other expense.**

**WSU makes no representation of merchantability, suitability/fitness for a particular purpose or otherwise as to the animal and disclaims any and all implied warranties as to the animal. There are no express warranties as to the animal. I take the animal with all faults.**

**Nonetheless, I agree to assume upon the date of transfer all costs associated with the animal from whatever cause. Further, I assume all risk associated with transfer of ownership of the animal and acceptance of the animal, and I release, hold harmless, and agree to indemnify WSU, its regents, its officers, its employees, and its agents from any claim or cause of action arising from or connected with this transaction. Upon taking possession of the animal, I agree to assume all risk associated with the animal and to release, hold harmless and indemnify WSU from any claim or cause of action related to the animal or its behavior.**

**I am aware that the animal is transferred to me without registration papers and that WSU shall not make registration papers available or assist in obtaining registration papers for the animal. I certify that I have no intent to transfer or sell the animal.**

I agree to pay the price of \_\_\_\_\_ in consideration for the animal, which includes the price of examination, certain other costs incurred by WSU and/or fees required by WSU. I understand that the animal herein described cannot be returned to WSU or any other institution to be used in further research and/or teaching.

I acknowledge that I have read and understood this document prior to signing.

Signature of New Owner \_\_\_\_\_ Date \_\_\_\_\_

**SECTION E: METHOD OF TRANSPORTATION OF ANIMAL (required by USDA)**

Date of Release/Disposition to above named new owner \_\_\_\_\_

Method of transportation of animal from WSU facility \_\_\_\_\_

Name of vehicle owner if privately owned vehicle used for transport – OR –

Name of commercial carrier or intermediate handler \_\_\_\_\_

Vehicle License No. \_\_\_\_\_

**SECTION F: COLLEGE OF VETERINARY MEDICINE ANIMALS ONLY; SIGNATURES REQUIRED TO AUTHORIZE RELEASE OF ANIMAL:**

For the release of a College of Veterinary Medicine-owned animals, you must also obtain a CVM Transfer of Ownership Packet and secure the signatures as set forth below prior to release of the animal. This is an internal CVM requirement.

WASHINGTON STATE UNIVERSITY CVM Accession Number \_\_\_\_\_

#1) Scientific Instructional Technician OR Veterinary Technician Familiar with Animal

Signature \_\_\_\_\_ Date \_\_\_\_\_

#2) Scientific Instructional Technician OR Veterinary Technician Familiar with Animal

Signature \_\_\_\_\_ Date \_\_\_\_\_

#3) Animal Facility Manager (or his/her designee)

Signature \_\_\_\_\_ Date \_\_\_\_\_

#4) Campus Veterinarian (or his/her designee)

Signature \_\_\_\_\_ Date \_\_\_\_\_

COPIES: Copies of the completed form (including ALL signatures) are to be provided to the supervisor of the animal facility housing the animal, the Office of the Campus Veterinarian (OCV), campus zip code 1165, and placed in the animal's medical record.

Last updated on May 12, 2004.