VEHICLE INSPECTION FORM

# Initial or SemiAnnual Re-Assessment

## 1. Protocol Information

IRBNet Registry Number:

Principal Investigator: Click here to enter text., Click here to enter text.

Species: Click here to enter text.

Maximum Number of Animals Transported at a Single Time:

Frequency of Transport/Number of Anticipated Trips:

Pick-Up Location: Click here to enter text.

Drop-Off Location: Click here to enter text.

Estimated Distance of Transit: Click here to enter text.

Estimated Time of Transit (in hours):

## 2. Vehicle Information

Vehicle Owner: Click here to enter text., Click here to enter text.

Make: Click here to enter text.

Model: Click here to enter text.

Year:

Color: Click here to enter text.

License Plate (State/Number): Click here to enter text.

## 3. Transportation Conditions

Provide a brief description of each applicable item.

|  |  |  |
| --- | --- | --- |
| Yes  No | Secondary Container? | Click here to enter text. |
| Yes  No | Sanitizable Surfaces? | Click here to enter text. |
| Yes  No | Containable Spills? | Click here to enter text. |
| Yes  No | Protection from Sun? | Click here to enter text. |
| Yes  No | Protection from Public Observation? | Click here to enter text. |
| Yes  No | Container Secured to Vehicle? | Click here to enter text. |
| Yes  No | Climate Controlled During Transit? | Click here to enter text. |
| Yes  No | Bedding/Water/Feed During Transit? | Click here to enter text. |
| Yes  No | Permits Needed for Travel? | Click here to enter text. |

Provide a brief description of any transportation processes not already described above. Enter 'NONE' if all processes are described above:

Click here to enter text.

## 4. Stipulations and Conditions for the Transport of Animals

This is a Memorandum of Understanding (MOU) between the University of Denver Institutional Animal Care & Use Committee and the Vehicle Owner for the transport of animals on IACUC approved protocols for animal research, testing, or teaching.

The Vehicle Owner assures the IACUC that they shall:

Accept responsibility for the animals' provisions of care and minimization of distress from the time of pick-up until the time of delivery.

Minimize transport time.

Use practices that minimize the risk of exposure to animal allergens.

Use practices that minimize the risk of zoonotic disease transmission.

Protect animals from environmental extremes.

Avoid overcrowding.

Provide food and water when indicated.

Protect against physical trauma.

**CONFIRM THE FOLLOWING STATEMENTS:**

I agree to report to the IACUC any adverse or unanticipated event which occurs during transit.

I recognize that this approval is good for 6 months from the approval date below

I confirm the accuracy of the descriptions noted in this document.

I agree to abide by the requirements of this document, and if changes are necessary, I shall file an amendment to this form with the DU IACUC prior to initiating the new procedures.

The following will be completed after the inspection:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Signature of Vehicle Owner |  | Date |  | **This Vehicle is Approved for Animal Transport** |
|  |  |  |  | **Starting on the Date Below** |
|  |  |  |  | **Period of 6 months** |
| Signature of IACUC Member #1 |  | Date |  |  |
|  |  |  |  |  |
| Printed Name of IACUC Member #1 |  |  |  |  |
|  |  |  |  | **Notes/Comments**: |
|  |  |  |  |  |
| Signature of IACUC Member #2 |  | Date |  |  |
|  |  |  |  |  |
| Printed Name of IACUC Member #2 |  |  |  |  |