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 |  |  |  |  |