

**OSU INTERNAL USE ONLY**

**Oregon State University Animal Placement Program Submission Form**

*This is an Animal Placement Program for healthy horses, llamas, alpacas and other animals as determined by the campus Institutional Animal Care and Use Committee (IACUC) that remain at the end of a campus approved project or program. Using this process an animal can be placed with a private individual.*

Complete all sections. Print out, complete and send form to OSU Surplus Property. Application must include a time-dated photo of the animal.

ACUP #:	OSU USDA #92-R-0005	OSU PHS Assurance #A3229-01
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**Section A:** Description of Animal and History: to be completed by university personnel familiar with the animal, i.e., the Veterinary Teaching Hospital (VTH) Director or large animal clinician, Principal Investigator of the associated Animal Care and Use Protocol, or the manager of the facility where the animal is housed.

*Note: Animals with known serious acute or chronic existing health or behavioral problems/issues shall not be placed. Animals likely to develop such serious problems subsequent to leaving the university shall not be subject to placement.*

Animal's Name:	Age:	Species:	Breed:
Sex:	Neutered: Yes / No	Color/Markings:	
Size:	Temperament:	Training:	
Tattoo/brand/identifying marks (including location of same):			
Identification #:			
Significant medical history, behavioral information, characteristics, research/training usage, etc.			
Reason for Transfer:			

**Section B: Veterinary Physical Examination and Medical Authorization to Release Animal:** To be completed and signed by an Oregon State University veterinarian with expertise in the species. Make a statement on the desirability of release to the public (e.g. behavior, health, and medical conditions present):

Physical Examination of Animal(s) Performed on: (Date) \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

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

**Section C: Authorization of Animal Release**

Signatures required for animal's participation in Animal Placement Program.

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

Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Chair, Institutional Animal Care and Use Committee: \_\_\_\_\_ Date: \_\_\_\_\_

Campus Attending Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_

**Section D: Date-Stamped Photos**

Attach recent date-stamped color photos of the animal. The photos must include head, body (both sides), feet, any distinguishing/unique marks, scars, color patterns.

**Section E: Estimated Value of the Animal(s):** \_\_\_\_\_

**Section F: Submitters Contact Information**

Name/Title/Department:	Email:	Phone Number(s):
Location of Animal:	Index # / Activity Code: _____	

\_\_\_\_ *Internal Use Only* \_\_\_\_\_

**Section G: Bid**

Minimum bid for the animal(s): \_\_\_\_\_