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**Texas A&M University-Commerce**

**Animal Sale Release and Ownership Transfer Form**

The A&M-Commerce IACUC has released this animal(s) from any and all associated AUPs or ACUPs prior to the sale of the animal(s) described below.

I accept the sale of the animal(s) described below “as is” from Texas A&M University-Commerce. I understand that no express or implied guarantees, warranties, or representations have been made to me by representatives of A&M-Commerce relative to the health (including general health and lack of disease) or temperament of the animal(s).

I accept responsibility for the care of the animal(s) described below and will make all reasonable attempts to care for this animal(s) in a manner that is generally considered appropriate for this species of animal. I understand that this may include the necessity for me to provide ongoing veterinary care for illnesses or conditions that predate this sale agreement.

I assume responsibility and agree to defend, indemnify, and hold harmless Texas A&M University-Commerce, its employees, contractors, or it’s other agents, for any claim or liabilities that may arise from the sale of the animal(s) described below.

I have read and understand the foregoing and voluntarily sign this form with full knowledge of its significance.

Species\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed or Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Animal ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Farm Manager/Vivarium Director/PI Date

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Procurement Officer Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receiving Individual Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Date