



# RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street

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Spring Green, Wisconsin 53588

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Phone: 608-588-2551

836 Exhibit (NEW)

## Animals in the School Request Form

Request Date: \_\_\_\_\_ School: \_\_\_\_\_

Staff Member: \_\_\_\_\_ Room Number: \_\_\_\_\_

Type of Animal: \_\_\_\_\_ Number of Animals: \_\_\_\_\_

Date(s) Animal(s) Will Be In School: \_\_\_\_\_

Owner of the Animal(s): Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are animal's vaccinations up to date? Yes \_\_\_ \* No \_\_\_ N/A \_\_\_

*\* (If "No," animal will not be allowed into the school)*

Has a health certificate been signed by a license veterinarian? Yes \_\_\_ No \_\_\_ N/A \_\_\_

What is the purpose of having the animal(s) in the school?

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

Who will be responsible for care, control, and handling of the animal(s) while in the school?

\_\_\_\_\_

After Hours Contact Information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_, agree to the following conditions:  
(print name) (print title)

- To review safe handling and care with students, include handwashing requirements
- To clean animal cage(s) daily
- To dispose of animal waste properly (double bagged and removed to outside dumpster immediately)
- To locate animal(s) away from ventilation system to avoid circulating allergens

Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REQUEST APPROVED \_\_\_\_\_ REQUEST DENIED \_\_\_\_\_

District Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_