



RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street

≈

Spring Green, Wisconsin 53588

≈

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 **within the last year**? Yes ___ No ___

N/A ___

(Please provide a copy along with your application.)

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
- **To communicate with parents regarding the dates of animal presence in the classroom**

Staff Member or Student Signature: _____ Date: _____

Parent Signature, if Student is Under 18: _____ Date: _____

REQUEST APPROVED ____

REQUEST DENIED ____

District Administrator Signature: _____

Date: _____