



RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street ≈ Spring Green, Wisconsin 53588 ≈ Phone: 608-588-2551

836 Exhibit

Animals in the School Request Form

REASON FOR ANIMAL(S) IN SCHOOL *(check one):*

Classroom Curriculum Service Animal Therapy Animal

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 vaccinations up to date for animal(s)? Yes * No N/A
 * (If "No," animal(s) will not be allowed into the school)

Please attach a copy of the health certificate for animal(s) signed by a license veterinarian within the last year.
 If a certificate is not attached, please provide an explanation.

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 (copy the principal)
- To communicate with other staff in the building regarding the dates of animal presence in the classroom
- To ensure no persons in the classroom are allergic to the animal (may need to consult with school nurse)

Staff Member or Student Signature: _____ Date: _____
 Parent Signature, if Student is Under 18: _____ Date: _____

REQUEST APPROVED _____ REQUEST DENIED _____

District Administrator Signature: _____ Date: _____

APPROVED: May 13, 2021
REVISED: September 9, 2021
APPROVED: October 14, 2021