APPROVAL REQUEST FORM TO BRING A VISITING ANIMAL TO SCHOOL FOR EDUCATIONAL PURPOSES

Please turn in your request to the School Principal

| Owner Name: | Date: |
|--|---|
| Contact information for Owner (please include email, phone number, and address): | |
| Building: | |
| Type of animal: | |
| Name of animal: | |
| Name of person who will accompany animal: | |
| Date of proposed visit: | |
| Educational purpose for visit: | |
| Checklist for Completion of Form | |
| Attached is the following documentation: | |
| Verification of proper vaccinations and | health information by a licensed veterinarian |
| Proof of a physical and healthy stool sa appropriate) performed by a licensed veterin | |
| I have read and understand the School District's policy by the terms of the policy. | icy regarding animals in the schools and will abide |
| I understand that if the animal: is out of control and the animal's behavior; the animal is not house fundamentally interferes in the functions of the Sch poses a direct threat to the health or safety of others, a direct threat to the health and safety of others that the School District has the discretion to exclude or re- | ebroken or the animal's presence or behavior ool District; or the animal behaves in a way that has a history of such behavior, or otherwise poses cannot be eliminated by reasonable modifications, |
| I agree to be responsible for any and all damage to S injuries to individuals caused by the animal. I agree to District, its school board members, administrators, all claims, actions, suits, judgments, and demands connection with, any activity of or damage caused by | o indemnify, defend, and hold harmless the School employees, and agents, from and against any and brought by any party arising on account of, or in |
| Owner Signature: | Date: |
| Superintendent/Administrator Signature: | Date: |