

District Administrator Signature:

RIVER VALLEY SCHOOL DISTRICT

Spring Green, Wisconsin 53588 660 West Daley Street

836 Exhibit (NEW)

Phone: 608-588-2551

Animals in the School Request Form	
Request Date: Staff Member:	School: 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? * (If "No," animal will not be allowed into the school)	Yes * No N/A
Has a health certificate been signed by a license veterinarian? (Please provide a copy along with your application.)	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 are After Hours Contact Information:	nimal(s) while in the school?
Name:	Phone Number:
I,,	
 To review safe handling and care with students, include hat a clean animal cage(s) daily To dispose of animal waste properly (double bagged and a colorate animal(s) away from ventilation system to avoid 	removed to outside dumpster immediately)
Staff Member or Student Signature:Parent Signature, if Student is Under 18:	Date: Date:
REQUEST APPROVED REQUEST I	DENIED

Date: