

RIVER VALLEY SCHOOL DISTRICT

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

836 Exhibit

Annuals in the School Request Porm	
Request Date:	School:
Staff Member:Type of Animal:	Number of Animals.
Date(s) Animal(s) Will Be In School:	
Owner of the Animal(s): Name:	
Are vaccinations up to date for animal(s)? * (If "No," animal(s) will not be allowed into the school)	Yes * No N/A
Please attach a copy of the health certificate for animal(s) sig 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 After Hours Contact Information: Name:	
т	agree to the following conditions:
I,	, agree to the following conditions.
 To review safe handling and care with students, include To clean animal cage(s) daily To dispose of animal waste properly (double bagged an To locate animal(s) away from ventilation system to average To communicate with parents regarding the dates of an To communicate with parents regarding the dates of the To-communicate with th	nd removed to outside dumpster immediately) void circulating allergens
Staff Member or Student Signature:	Date:
Parent Signature, if Student is Under 18:	Date:
REQUEST APPROVED REQUES	T DENIED
District Administrator Signature:	Date:

APPROVED: May 13, 2021