

Peninsula School District  
**VISITING ANIMAL REQUEST**

Please Print legibly or type

Today's Date: \_\_\_\_\_ Site: \_\_\_\_\_

Program/Grade Level: \_\_\_\_\_ Teacher: \_\_\_\_\_

Type of animal:  Household Pet  Farm Animal  Captive Wild Animal  
 Bird  Exotic  Other: \_\_\_\_\_

Purpose of visit:  Show and Tell  Meet curriculum objective  
 Other: \_\_\_\_\_

Date(s) of proposed visit : \_\_\_\_\_

**Educational Objective:**

Is there a specific project or lesson for which this animal is required? \_\_\_\_\_

Is there a written curriculum for this project or lesson? \_\_\_\_\_

Describe the educational benefits of having this animal visit the classroom or school: \_\_\_\_\_

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The animal will be exhibited:  in the classroom  on campus outside the classroom

**Plan of Care:**

Who is the owner or responsible person? \_\_\_\_\_

Contact phone number(s) of responsible person: \_\_\_\_\_

Are they licensed or certified to possess and/or handle this animal? \_\_\_\_\_

Describe the feeding and care requirements of this animal while it is on campus.

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What equipment and materials will be needed to accommodate the animal while it is on campus?

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Are licensing and inoculations (shots) required for this animal? \_\_\_\_\_

If yes, are the license and inoculations current? \_\_\_\_\_

Who will be responsible for cleaning up after the animal? \_\_\_\_\_

**Safety and Health Considerations:**

What human safety and health concerns are associated with this animal? \_\_\_\_\_

\_\_\_\_\_

What (if any) special precautions need to be taken to display or exhibit this animal? \_\_\_\_\_

\_\_\_\_\_

What personal protective equipment is required to handle the animal? \_\_\_\_\_

\_\_\_\_\_

How are parents/guardians to be notified of intent to have pet visit in classroom? \_\_\_\_\_

\_\_\_\_\_

Are there students in the classroom with allergies, animal sensitivities, or special needs?

\_\_\_\_\_

If yes, what precautions will be taken to accommodate them? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Name/Signature*

\_\_\_\_\_  
*Date*

**Approval**

Principal: \_\_\_\_\_

Approved  Not Approved  Conditionally Approved  (See Attached)

**ONE WEEK Before** Animal Arrives Send Copy to:

Head Custodian

School Nurse

District Office – Safety