

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: _____

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.

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

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

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Approval

Principal: _____

Approved Not Approved Conditionally Approved (See Attached)

ONE WEEK Before Animal Arrives Send Copy to:

Head Custodian

School Nurse

District Office – Safety