

**ORANGE – ULSTER BOCES**  
**ANIMAL SCIENCE LIVE WORK POLICY AND AGREEMENT**

I am the legal owner of the animal(s) designated below. I understand that the Orange-Ulster Career and Technical Education Division is using my animal for instructional purposes and that the students who will be working with my animal are not fully trained, completely skilled or licensed in any way.

NAME OF OWNER \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

ANIMALS NAME \_\_\_\_\_ BREED \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_

Has your pet been vaccinated with any of the following? If so, please provide the date of vaccination.

DHLPPV: \_\_\_\_\_ FELV : \_\_\_\_\_

RABIES: \_\_\_\_\_ \* Please provide proof of Rabies and

Bordetella (Kennel Cough): \_\_\_\_\_ Bordetella vaccinations

Worming History: \_\_\_\_\_

Please check if any health information or special requirements are attached

I, the owner of the above animal, agree to leave my animal at my own risk. I further agree to accept all responsibility for any risks of loss, property damage, or personal injuries that may be sustained by me or any loss or damage of property owned by me, in connection with my participation in this live work program, and I will not hold the Board of Cooperative Educational Services, staff members or students liable for such loss, damage or injury. My animal does not have any vicious propensities. As owner of the above described animal, I fully understand and accept the terms of the Live Work Policy and Agreement as outlined above.

Date(s) animal will be at OU BOCES Career and Technical Education campus: \_\_\_\_\_

Please check if request is for reoccurring daily services i.e. grooming/doggy daycare

Date of Request: \_\_\_\_\_ Signature: \_\_\_\_\_  
Owner's Signature

-----  
\*Permission is granted for the individual named below to bring the animal described above to the Career and Technical Education Campus as scheduled by the instructor.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Owner's Signature

Parent/Guardian \_\_\_\_\_  
Signature of Parent/Guardian

Instructor Approval: \_\_\_\_\_  
Date Instructor Name Printed Instructor Signature

Complete and copy. Original request is to be retained by instructor, one copy to Director, one to the owner.  
\*If it is necessary for student to drive in conjunction with this request, those arrangements must be made through the home school principal's office and the CTEC Assistant Principal.

FOR OFFICE USE: REC. \_\_\_\_\_ OUT \_\_\_\_\_ IN \_\_\_\_\_