

ANIMAL PERMISSION FORM

Name of Animal Owner/Handler _____ Date: _____

Type of Animal _____

School building for which permission requested _____ We

would like the animal to visit on the following date _____

My animal has received the following inoculations (please attach copy of all inoculations):

_____ Date Received: _____

_____ Date Received: _____

_____ Date Received: _____

My animal's veterinarian is:

Name:

Address:

Phone number:

Has the animal ever bitten or scratched others, including myself or members family?

Yes No

Has the animal ever shown aggressive tendencies toward humans or other animals?

Yes No

When on school property, we will restrain our animal in the following manner:

Leash Cage/Container/Tank

Muzzle Other _____

I declare that everything above is true and correct:

(Signature of owner/handler)

(Signature of building principal granting permission)