

HUDSON SCHOOL DISTRICT PET VISITING FORM

To bring your pet to school, the following information needs to be completed and turned in to the classroom teacher prior to the visit.

Student/Visitor Name: _____

Grade: _____ Teacher: _____

Date of Visit: _____ Time of Visit: _____

Type/Breed of Pet: _____

Pet Name: _____

Veterinarian Name: _____ Phone Number: _____

Date of most recent Vaccinations: _____

Parent/Visitor Signature

Date

We ask that you follow these procedures:

1. Check in at the office without your pet. Once you are signed in, retrieve your pet and enter at the nearest door to your child's classroom or meet the class outside. The office will call down to the classroom to alert them to your arrival.
2. The pet must be leashed or in a cage/kennel at all times.
3. An adult will transport the animal to school and assume responsibility for it.
4. Please limit your visit to 15 minutes.

Thank-you for your cooperation.

- I verify there are no pet allergies in this specific classroom. The pet may visit indoors.
- I verify there are pet allergies in this specific classroom. The pet may visit outdoors only.

Health Assistant Signature

Principal Signature

