



# Animals On School Grounds Approval Form

Name of Requestor: \_\_\_\_\_ Owner of animal?  Yes  No

Owner Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_ Owner E-mail: \_\_\_\_\_

Type of Animal: \_\_\_\_\_ Animal's Name: \_\_\_\_\_

Educational purpose: \_\_\_\_\_

\_\_\_\_\_

Classroom(s): \_\_\_\_\_

Date(s) of Requested Visit(s): \_\_\_\_\_  
\_\_\_\_\_

Or during the \_\_\_\_\_ school year.

Additional Comments: \_\_\_\_\_

I have read the Taconic Hills Central School District Animals On School Grounds Policy #8660 and agree to abide by the terms set forth in said policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Required documentation must be provided to school district officials and approved before scheduled visit may take place.

For Administrative Use Only

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

- Evidence of Insurance     Evidence of Vaccinations     Evidence of Therapy Dog Certification  
and all other required documentation

Classroom #: \_\_\_\_\_

Signature of School Principal: \_\_\_\_\_

Signature of Business Manager: \_\_\_\_\_

Signature of Superintendent of Schools: \_\_\_\_\_