
Note: The following forms do not apply to:

- An animal handled by a law enforcement professional for official purposes, such as a drug dog; or
- An animal used by a person with a disability for assistance. [See DAA and FBA]

See the following forms related to non-service animals on campus for instructional purposes:

Exhibit A: Request to Bring Animal on Campus for Instructional Purpose — 2 pages

Exhibit B: Sample Notice to Parent Regarding Animal in Classroom — 2 pages

Exhibit C: Non-Service Animal Incident/Accident Report Form — 1 page

Exhibit D: Witness Statement: Non-Service Animal Incident/Accident Report — 1 page

EXHIBIT A

REQUEST TO BRING ANIMAL ON CAMPUS FOR INSTRUCTIONAL PURPOSE

Name of teacher submitting request: _____

Date: _____

Is this request for a one-time presentation/event or an ongoing request, such as for a class-room pet? Describe: _____

Dates(s) or duration animal will be present on District property:

Course(s) taught and instructional purpose or educational objective:

Identify the animal (*species, gender, etc.*): _____

For an ongoing request, who will care for the animal on weekends and school breaks?

Is the animal required to receive vaccinations, and if so, please attach copy of vaccination history to form:

Yes (see attached)

No

Review by School Nurse

Please list any allergy related notes or other concerns regarding animal:

Nurse's signature: _____

Date: _____

For Office Use Only

Approved Denied

Signature of principal or designee: _____

Date: _____

EXHIBIT B

SAMPLE NOTICE TO PARENT REGARDING ANIMAL IN CLASSROOM

Date: _____

Dear Parent:

This letter is to inform you that, beginning _____ (*date*), I will be introducing an animal into our classroom.

Having a classroom animal provides many benefits for social and emotional learning and enhances academic instruction.

I have provided information about our classroom animal below.

Name and type of animal: _____

Facts about this animal: (*habitat, personality, any other relevant/interesting facts*)

How students will interact with animal: (*list classroom activities, such as reading to the animal, caring for the animal*) _____

Be advised that our classroom animal is healthy and has all necessary vaccinations, and your child will not handle or help care for the animal without your permission. Additionally, your child may have the opportunity to take the animal home for the weekend or on school breaks with your written permission.

Please feel free to contact me if you have additional questions or concerns.

Sincerely,

Parental or Guardian Consent:

Choose all that apply:

- I give permission for my child to handle, feed, and help care for the classroom animal. (Your child will be supervised and given instruction prior to handling or caring for the animal.)
- I give permission for my child to bring the classroom animal home on a school break. (If chosen for this privilege, your child will receive additional information, and you will be informed before your child takes the animal from school.)
- I do not give permission for my child to handle, feed, or help care for the classroom animal.
- My child has allergies, a fear of animals, or other concerns. (I will contact you to discuss arrangements for your child.)

Name of child: _____

Name of parent or guardian: _____

Signature of parent or guardian: _____

Date: _____

EXHIBIT C

NON-SERVICE ANIMAL INCIDENT/ACCIDENT REPORT FORM

Name of injured student or staff member: _____

Address: _____

Phone: _____

Age: _____ Sex: _____ Grade (if applicable): _____

School: _____

Place where incident/accident occurred: _____

Date: _____ Time of day: _____

Subject or activity during which incident/accident occurred: _____

Details of accident provided by student, staff member, or witness (identify source):

Nature of injury (part of body injured): _____

Witnesses: _____

Teacher in charge: _____

Parent or emergency contact notified by: _____

Type of first aid given: _____

Has the animal been removed from the campus or District property pending an investigation?

Yes No

Signature of person making report: _____

Date: _____

Signature of principal: _____

Date: _____

EXHIBIT D

WITNESS STATEMENT: NON-SERVICE ANIMAL INCIDENT/ACCIDENT REPORT

Name of witness: _____

Address: _____ Telephone: _____

Date of incident/accident: _____

Time occurred: _____ a.m. p.m.

Where did the incident/accident happen? Be specific. _____

How close were you when the incident/accident occurred? _____

Did you see it? _____

If not, how soon after the incident/accident did you arrive? _____

Was anyone injured? _____ If so, who? _____

Were there other witnesses? _____ If yes, list names. _____

Describe what you saw and heard:

Signature of witness: _____

Date: _____

(Attach diagrams or additional sheets if needed.)