



ANIMALS IN THE CLASSROOM FORM

DATE OF REQUEST _____

DATE OF VISITATION _____

OWNER'S NAME _____

TYPE OF ANIMAL _____

CLASSROOM TO BE VISITED _____

AUTHORIZATION OF VACCINATIONS _____

TYPES OF VACCINATIONS VERIFIED _____

CLASSROOM HAS BEEN NOTIFIED AND CHECKED THAT NO CHILD OR ADULT HAS ALLERGIES. _____

PLEASE GIVE THIS FORM TO THE PRINCIPAL.