



# ANIMALS IN THE CLASSROOM FORM

DATE OF REQUEST \_\_\_\_\_

DATE OF VISITATION \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

TYPE OF ANIMAL \_\_\_\_\_

CLASSROOM TO BE VISITED \_\_\_\_\_

TYPES OF VACCINATIONS VERIFIED \_\_\_\_\_

CLASSROOM HAS BEEN NOTIFIED AND CHECKED THAT NO CHILD OR ADULT HAS ALLERGIES TO THIS ANIMAL. [Circle one.] YES NO

Parent Signature: \_\_\_\_\_

PLEASE GIVE THIS FORM TO THE PRINCIPAL.