

SCHOOL DISTRICT OF AMERY

ANIMAL VISITING FORM

Your child has indicated that you are able to bring your family pet/animal to share with our class. We look forward to it. We will be expecting you at the following date and time:

DATE: _____

TIME: _____



Please complete the following form and return it to school at least one day prior to the visit:

Student's Name: _____

Type of Animal: _____

Please check all that apply:

Pet will be on a leash or in a cage or kennel

Pet is up-to-date on all vaccinations.

_____ Date of most recent rabies vaccine

_____ Name of veterinarian that administered vaccinations

An adult will bring the pet to school and take responsibility for the actions of the pet.

Signature of Parent/Guardian

Signature of Building Principal

APPROVED: August 18, 2008