
Animals in the Workplace Request Form

Please provide the required information below and submit the application to your facility's Regional Operations Manager at least 30 days prior to the date the animal is required.

Applicant's Name: _____ Applicant's Role: _____

Species of Animal (dog, cat, etc): _____ Application Date: _____

Location/Campus: _____ Date of Animal Use: _____

Select the type of animal requested:

- ☐ Therapy animal accompanied by the pet's owner
- ☐ Animals required for teaching purposes (**NOTE:** Please attach Animal Utilization Protocol if checking this option)

Requests for animals in the workplace for any other purposes will not be considered.

Does the animal have current vaccinations? ☐ Yes ☐ No

☐ Attach record of most recent vaccinations.

Does the animal have documented therapy dog credentials? ☐ Yes ☐ No

☐ Attach record of therapy dog affiliation

Consideration of Animal Welfare

Below describe any situation which, in your judgment, could cause pain, distress or discomfort to the animal (no matter how minimal) and the methods to be employed to minimize these effects. Provide confirmation that the animals are healthy and have been assessed for aggressive or fear behavior.

Justification for Animal Use:

Applicant's Signature

Regional Operations Manager's Signature

Approved/Denied