

Animal Related Program Request Form

Per the NEOMED Animals on Campus Policy, those wishing to bring program animals (not defined as Service Animals or Emotional Support Animals) within controlled spaces must receive advance permission. Such animals may include therapy animals that are part of an established program or event with defined parameters. These programs/ events must be administered by trained staff and require the full review and approval of the Office of the General Counsel in consult with any relevant parties.

This request form must be completed by the person responsible for the program (i.e. responsible person) for consideration at least three weeks prior to the commencement of any animal related program on University property. A completed form may be submitted via email to the Office of the General Counsel at afilippi@neomed.edu. For questions regarding this request form or the Animals on Campus Policy, please contact the Office of the General Counsel at 330-325-6354.

General Information

Program or Event Title <i>(if applicable)</i>	
Requested by <i>(Department Name or Individual)</i>	
Responsible Person <i>(Name of NEOMED affiliated staff or individual responsible for the program or event)</i>	
Handler(s) of Animals <i>(List individual(s) responsible for the handling of the animals)</i>	
Location of the Program/ Event <i>(department, building name, campus, room)</i>	
Date(s) and Time(s) of the Program/ Event	
Number of and types of animals participating	

Program Purpose/Objectives

Please describe the purpose/objectives of the program and/ or event.
Please describe the training staff and/or the animal handlers have received, including any applicable certifications, to support the purpose, objectives and safety of this program/ event.

Please describe the training the animals have received that support the purpose, objectives and safety of this program/event.

Contact Information

Please provide additional contact information for the individual(s) and department responsible for this program and/ or event. Contact information of the company or animal handlers must also be provided.

Responsible Individual's Contact Information (email, phone)	
Sponsoring Department and Contact Information	
Contact information for individuals / company involved in the program (Include the company and/or animal handler's name and contact information while on University property)	
Name and contact information of Individual on-site during the program to address any questions or issues.	

Agreement Terms

The University retains full discretion to revoke program approval at any time.

The animal(s) must be supervised, and the handler must retain full control of the animal(s) at all times while on University property. The animal(s) may not be left unattended at any time on University property.

The handler is responsible for compliance with state and local laws concerning animals (including registration, vaccinations, and tags), for controlling the animal(s), for cleaning up any waste created by the animal(s), and for any damage caused by the animal(s) to individuals or property while on University property.

Access to University property may be restricted or revoked under the circumstances outlined below. Restrictions or exclusions will be considered on a case-by-case basis. The University reserves the right to remove or exclude an animal from University property if:

1. The animal poses a direct threat to health and safety
2. The handler does not maintain control of the animal, including but not limited to during any interactions with other animals
3. The presence of an animal fundamentally alters a University program
4. Improper/Inadequate care of the animal is exhibited, including if the animal is not housebroken
5. Damage or harm is caused by the animal
6. The presence of the program or animal are disruptive to research, instruction, or other University business

In such situations, appropriate personnel may be contacted to assist in the removal of the animal.

Acknowledgement

I hereby acknowledge I have read and agree to the terms of this registration form and assume the responsibilities of operating this program/ event within the defined parameters listed above.

Responsible Individual Signature

Date

Handler Signature

Date

Additional Handler Signature

Date

Program/ Event Approval Signature

Date