

Animal on Campus on Temporary Basis Request Form

In accordance with the University of Houston System's policy regarding Animals on Campus (SAM 01.C.12), all individuals or organizations wishing to bring an animal onto campus on a temporary basis for an event, typically University sponsored, are required to obtain approval from Risk Management. Failure to submit this form may result in denied access for the animal(s).

1. Requesting University Sponsor/Department Information

- Department Name: _____
- College(s)/Division(s): _____
- Primary Contact name and Title: _____
- Phone Number: _____ E-mail Address: _____

2. Event / Activity Details

- Event or Activity Name: _____
- Purpose of Animal Presence (educational, research, therapy, demonstration, event, etc.):

- Date(s) of Animal Presence: _____
- Time(s): _____
- Location(s) on Campus (building, room, outdoor area): _____
- Estimated Number of Attendees: _____

3. Animal Information

- Type of Animal (species/breed): _____
- Number of Animals: _____

4. Animal Ownership & Handler Information

- Animal Owner/Organization Name: _____
- Handler Name(s): _____
- Handler Qualifications/Certifications: _____
- Handler Phone Number (day-of-event): _____

Handler will remain with the animal at all times

Animal is trained for public interaction

5. Health & Safety Information

- Vaccination Status (attach documentation): _____
- Health Certificate Provided (if required): Yes No
- History of Aggression or Biting: Yes No
 - If yes, explain: _____
- Allergy Risk Mitigation Plan: _____
- Sanitation & Waste Disposal Plan: _____

6. Risk Assessment & Mitigation

Describe potential risks associated with the animal's presence and steps taken to reduce those risks (crowd control, barriers, signage, supervision, etc.): _____

7. Insurance & Documentation

- Certificate of Insurance attached (if animal is not university-owned)
- Additional permits or approvals attached (if applicable)

8. Acknowledgment & Certification

I certify that the information provided is accurate and that the requesting University sponsor/Department/College agrees to comply with all University policies, Risk Management requirements, and applicable laws.

Requesting Department Signature: _____

Name & Title: _____

Date: _____

Risk Management Review (For Official Use Only)

Reviewed by: _____

Date: _____

Approval Status: Approved Approved with Conditions Denied

Conditions / Notes: _____

Risk Management Signature: _____