

Performing Arts Animal Use Statement

Date:

Production:

Production Performances:

Days and Times animal will be on campus (include performances, rehearsals, other):

Location (if other than Dowd Theatre):

Animal Handler on campus:

Animal Handler Phone:

Identify Animal Handler responsibilities:

feeding, holding, waste disposal, housing

Other:

Animal Name and Type:

Reason/Role in this production:

Any specific production costs related to this animal:

Spayed/Neutered: N/A Yes No

Date of Relevant Immunizations/Vaccinations:

Example:

Rabies: ___/___/___

Distemper/Parvo: ___/___/___ (1-yr or 3-yr) Circle one

Or date of titer ___/___/___ (1-yr or 3-yr) Circle one

Veterinarian:

Name: _____ Phone: _____

I certify that this animal has never bitten or injured a person.

I certify that animal is up to date on all required state Immunizations/Vaccinations

Owner Signature: _____ Date: _____

Owner:

Name: _____

Address: _____

Phone: _____

DISTRIBUTION: Department Chair --- School Dean --- Production Staff