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):
Autimal Handley on resulting
Animal Handler on campus: Animal Handler Phone:
Annual Flander Flione.
Identify Animal Handler responsibilities:
feeding, holding, waste disposal, housing
Other:
Animal Name and Type:
Administrative and Type.
Reason/Role in this production:
Any specific production costs related to this animal:
Spayed/Neutered: N/A Yes No
5pa/ 5a 1 16a 1 16a 1 16a
Date of Relevant Immunizations/Vaccinations:
Example:
Rabies://
Rabies:// Distemper/Parvo:// (1-yr or 3-yr) Circle one Or date of titer// (1-yr or 3-yr) Circle one
Or date of titer// (1-yr or 3-yr) Circle one
Veterinarian:
Name: Phone:
l 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
reerthy that animal is up to date on an required state infindingations vaccinations
Owner Signature: Date:
Owner:
Name:
Address:
Phone:
DISTRIBUTION: Department Chair School Dean Production Staff