## **Animal Related Program Registration Form**

This registration form must be completed by the Program Director, or designee, for consideration at least three weeks prior to the commencement of any animal related program on University property, including regional campuses and UConn Health. This form pertains only to animal related programs where an animal is not defined as a service animal or an emotional support animal for an individual. The completed form may be submitted via email to the Office of Institutional Equity: equity@uconn.edu or in-person: 241 Glenbrook Road, Unit 4175, Storrs, CT 06269-4175. For questions regarding this registration form or the Animals on Campus Policy, please contact the Office of Institutional Equity at (860) 486-2943 or equity@uconn.edu.

Please note that animal related programs or events of the Student Union are subject to the animal requirements and policies of the Student Union (including prior approval from Student Union Event Services) in addition to the agreement terms identified on this form. For assistance regarding programs held in the Student Union, contact the SU Event Services Office at 860-486-3421. Further information regarding animals is also available in *A User's Guide to the Student Union*.

## **General Information**

Program Title (if applicable)	
Requested by (Department Name or Individual)	
Program Director (Name of UConn affiliated staff or individual	
Other Staff (List other individual(s), including any external staff,	
Location of the Program (department, building name, campus, room	
Date(s) and Time(s) of the Program	
Number of and types of animals participating	

## **Program Purpose/Objectives**

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

Please describe the training the animals have received that support the purpose/objectives of this program.				
Contact Information				
Please provide further information identify Contact information of the company or ani		, , , , , , , , , , , , , , , , , , , ,	vith their contact information.	
Program Director/Individual Contact Inf	ormation (email, phone)			
Sponsoring Department and Contact Inf	ormation			
Contact information for individuals / co program (Include the company and/or ar contact information while on University p	nimal handler's name and			
Name and contact information of Individual program to address any questions or iss				
Agreement Terms				
The University retains full discretion to rev	oke program approval at any tim	e.		
The animal(s) must be supervised and staff	must retain full control of the a	nimal(s) at all times while on University p	roperty.	
The animal(s) may not be left unattended a	at any time on University propert	y.		
The Program Director is responsible for corcontrolling the animal(s), for cleaning up as while on University property.	·			
Access to University property may be restrion a case-by-case basis. The University reso				
<ol> <li>The presence of an animal funda</li> <li>Improper/Inadequate care of the</li> <li>Damage or harm is caused by the</li> </ol>	rol of the animal, including but n mentally alters a University prog animal is exhibited, including if animal			
In such situations, Public Safety may be con	ntacted to assist in the removal o	of the animal.		
Acknowledgement				
I hereby acknowledge I have read and agre	e to the terms of this registration	n form and assume the responsibilities of	operating this program within	
the defined parameters listed above. (For a	· -		to the animal requirements	
and policies of the Student Union, including	s seeking prior approval from the	e student Onion for such program.)		
Program Director (or Designee)	Date	OIE OFFICE ONLY: Reviewed By	Date	