

**Form for permitting Event Therapy animals at Trinity Western University  
(in conjunction with SCE 3-02 Animals on Campus policy)**

*Section 1: Please submit this form a minimum of 4 weeks before the event date to [slt@twu.ca](mailto:slt@twu.ca)*

Date:		Date of event or ongoing program start:	
Name:	Role at TWU:		
Campus or other mailing address:	Email:	Phone:	
Is this a one-time event (such as a puppy room or pet visit)? Yes <input type="checkbox"/>			

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*Note: Trained and certified Service Dogs covered by BC's [Guide Dog and Service Dog Act](#), do not require permission to enter campus, but handlers are asked to register with Campus Security as well as Student Life if they are to be a regular presence on campus, such as attending classes with their person, entering collegiums, or living in dorms.*

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**Section 2: Please complete this section for a one-time event (such as a puppy room or pet visit).**

1. Please provide a brief description of the event:

What is the animal handler's relationship with the animal(	Owner: <input type="checkbox"/> Other: <input type="checkbox"/> (please describe)
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Describe the animal handler's experience with animals, and with this particular animal:
Will the animal handler be present throughout the event?    Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If you checked 'no,' who will be in charge of the animal(s) and how will they be prepared for their role?

2. Please describe the animal handler(s):

3. Please describe the animal(s) involved in the event:

Species and breed/type (if applicable):	Level of training or human interaction experience (socialization):
Age(s):	
How many animals will be involved?	Last vet check and immunity/immunizations:

4. Please describe the site of the event and set up for animal(s):

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5. Please describe the care of the animal(s) during the event:

<b>Food and food breaks</b>	
<b>Access to hydration</b>	
<b>Scheduled rest breaks</b>	
<b>Signs and symptoms of animal stress to be monitored and care response</b>	

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***Response:***

☐ Approved as submitted.

Date \_\_\_\_\_

Signature \_\_\_\_\_

☐ Conditionally approved. See required amendments below.

☐ Declined as submitted

Amendments or recommendations for resubmission (if applicable):

Date \_\_\_\_\_

Signature \_\_\_\_\_