Use of Animals in Special Events

All activities or events involving the use of live animals on campus require this form to be completed and submitted to the Office of Risk Management (FAX: 515-294-3105 or E-mail: orm@iastate.edu) for review.

SECTION I: GENERAL INFORMATION

<table>
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<tr>
<th>Contact Person:</th>
<th>Phone:</th>
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<tbody>
<tr>
<td>Unit/Student Organization:</td>
<td>Address:</td>
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<td>E-mail Address:</td>
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<tr>
<td>Unit Chair / Advisor</td>
<td>Phone:</td>
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<tr>
<td>Title of Event:</td>
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<tr>
<td>Date(s) of Event:</td>
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SECTION II: EVENT INFORMATION

1) For what event, and on what dates, will the animals be used?

2) The animals will be used:
   - [ ] in a display (implies that the animals will be observed)
   - [ ] in a petting zoo (implies the public will be handling the animals)
   - [ ] in a demonstration (if so, please describe the procedures to be demonstrated and specify the person(s) performing each procedure):

   [ ] other – please explain

3) List the species and number of animals of each species to be used.

4) Specify the source/owner and health status of the animals. (Owner name and location – City, State, Country that animal is coming from. Attach applicable vaccination records specific to animal, also see http://www.agriculture.state.ia.us/anadmiss.htm# Health Requirements for Livestock Exhibition)

5) What is the location of the event?

   a. If the animals are to be held outside, what shelter will be provided?
b. If the animals are to be housed away from the event site, specify the housing location.

6) What time period are the animals to be used?

   a. □ Yes □ No Are rest periods planned for the animals? If so, how often?

   b. □ Yes □ No Are the animals monitored continuously during the event?
      If not, please specify the monitoring schedule

7) Who is responsible for monitoring the animals during the event?

8) Who will be responsible for routine care of the animals during the event?

9) Where will the animals go following the event?

10) If the animals are to be handled, will information regarding potential zoonotic diseases be made available to those handling the animals?

SIGNATURES

Signature of Contact Person

Date

Signature of Unit Chair / Student Organization Advisor

Date

Mail or fax this form to:
Office of Risk Management
3618 Administrative Services Building
Ames, Iowa
Fax: (515) 294-3105

For more information, please call:
Office of Risk Management
(515) 294-7711