

Institutional Animal care and Use Committee (IACUC)

Privately Owned/Visiting Animal Approval Form

Approved: 5/14/24

This form must be submitted to the Institutional Animal Care and Use Committee (IACUC) at least 14 days prior to requested animal arrival to campus and must be signed by a University Sponsor (Department or Center). After review of the form, the IACUC has the authority to request additional information or deny the animals use on campus.

For more information, please refer to The Use of Privately Owned/Visiting Animals policy.

**General Information**

|  |  |
| --- | --- |
| Date of Application |  |
| Individual Applying  |  |
|  Phone |  |
|  E-mail |  |
| University Sponsor |  |

**Animal Owner Information**

|  |  |
| --- | --- |
| Owner/Handler/Trainer of Animal |  |
|  Address |  |
|  Phone |  |
|  E-mail |  |
| USDA Exhibitor License # (if applicable) |  |

**Animal Information**

|  |  |
| --- | --- |
| Number of Animals Participating |  |
| Animal Description(s) (species, breed, age, sex) |  |
| State Where Animal(s) Normally Reside |  |
| Animal licensing County and License Number(s) |  |
| List Vaccination(s) and Corresponding Vaccination Date(s) |  |
| Any known health conditions  |  |

**Details of Animal on Campus**

|  |  |
| --- | --- |
| Date(s) of animal on campus |  |
| Time on campus & Duration on campus |  |
| Event title or Description (if applicable)  |  |
| Reason(s) for the animal being on campus |  |
| Provide specific details on how the animal will be used on campus |  |
| Location(s) on campus |  |
| How will animal escape be prevented?  |  |
| Frequency and length of breaks for the animal |  |
| Will food and water be provided while on campus? |   |
| Will shade be provided (if applicable)? |  |
| Individual responsible for the animal(s) on campus (owner/handler/trainer) |  |
| Will there be a period of time when the owner will not be present? |  |
| Does the person responsible have experience with the animal under similar circumstances?  |  |
| How will animal hair/waste be managed during and after the visit? |  |
| What are the arrangements for veterinary care if needed? |   |
| List the precautions taken to prevent injury/harm to the animal(s) on campus. |  |
| List the precautions taken to prevent injury/harm to the people/public. |  |

By signing below, I attest;

1. That I understand and have reviewed the Institutional Animal Care and Use Committee’s “The Use of Privately Owned/Visiting Animals” policy and will follow all mandates set forth;
2. Further, **I agree to indemnify and hold harmless the University, the Board of Regents of the University of Wisconsin System, and the State of Wisconsin, inclusive of all employees, agents and assignees for any liability or damages that stem from the presence of the visiting animal**, including but not limited to, injury or damage caused by the animal to University employee, agent, student or property; injury or loss of the animal; injury or damage to any third person or property of third person;
3. I have read and understand my obligations set forth in Wisconsin State Statutes 174.02(1), 95.21(8), and La Crosse County Ordinance 11.31(10).

|  |  |
| --- | --- |
| Applicant Signature  |  |
| University Sponsor Signature |  |
| Owner/Handler/Trainer of Animal Signature |  |

Please submit form in WORD format to IACUC@uwlax.edu

|  |  |
| --- | --- |
| Approval Signature of IACUC Chair or designee |  |