Appendix A: Application for Approval to Hold a Therapy Animal Event

University of California, Santa Cruz
Application for Approval to Hold a Therapy Animal Event

All Therapy Animal events at UCSC must be conducted according to the Therapy Animal Event Policy and Procedures (DSAS-0002). Applicants may only host events involving Therapy Animals currently registered with one of the following organizations:

- Alliance of Therapy Dogs
- Therapy Dogs International
- Furry Friends

Applications to host a Therapy Animal event must be submitted to the Therapy Animal Contact at least one month prior to the event. Applicants may use one application to apply for up to three instances of the same event in one academic year, provided all information except the dates is the same.

Date of Application ____________________________

Event #1 Date_________________________ Event #1 Time ___________________________

Event #2 Date_________________________ Event #2 Time ___________________________

Event #3 Date_________________________ Event #3 Time ___________________________

Name of Event______________________________________________________________

Description of Event_________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Location of Event (be specific)_________________________________________________

Estimated Number of Attendees __________

Applicant has contacted the Therapy Animal Contact and confirmed that this date is available for a Therapy Animal event. ___yes

Applicant/Primary Contact for the Event________________________________________

Applicant/Primary Contact Phone Number___________________________________

Applicant/Primary Contact Email__________________________________________

Proposed Onsite Host

Submit this form to the Student Volunteer Center for approval at volunteer@ucsc.edu or to Mail Stop: Student Services. Retain this form for one year from the date of the event.
University of California, Santa Cruz
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Name_________________________________  Job Title_________________________________

Email_________________________________  Phone Number______________________________

Department Hosting/Sponsoring Event__________________________________________

Name of Department/Unit Head__________________________________________________

___________________________________________                      _______________________
Approval Signature (Dept./Unit Head)                               Date

___________________________________________
Title

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EVENT APPROVAL FORM

Approval of a Therapy Animal event resides with the Dean of Students Office.

I have examined this application and by the authority delegated to me by the Vice Provost for Student Success, hereby ____approve ____ deny this request for a UC Santa Cruz Therapy Animal event, based on the contents herein and my conclusion that the presence of the Therapy Animals at this event on campus ___is __ is not in the best interest of the University of California.

__________________________________________________________________________
Signature of Dean of Students                         Date

If denied, reason for denial
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

ADVISORY

The Onsite Host must be present for the duration of the Therapy Animal event and have an electronic or hard copy of this signed and approved Application/Permit with them during the event.

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