

**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 (DSS-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](mailto:volunteer@ucsc.edu) or to Mail Stop: Student Services. Retain this form for one year from the date of the event.*

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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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