



Student Wellness Hub Animal Therapy Request Form

Please note that indoor gatherings must comply with COVID-19 guidelines of the hosting unit and building.

Name of Unit Requesting Animal Therapy Visit:

(Please fill in the unit, faculty, group, club, or governing body requesting the visit)

Name of Contact Person:

(Please indicate the main person of contact the Animal Therapy program should communicate with)

email:

telephone:

Location of Visit:

Date(s) of Visit:

Alternative Date(s) Of Visit:

Start Time of Visit:

(Visits usually last an hour)

Parking Availability:

(Parking must be paid for and provided by the requesting unit)

Parking facility location(s):

of parking spots available:

Anything Else To Add?