



Therapy Animal Visitation Form

Privacy Notice: The personal information requested on this form is collected for the purpose of managing your request to schedule a Therapy Dog Visit on CNA premises. If you have a question about the collection, disclosure, use, or protection of this information, please contact ATIPP@cna.nl.ca.

Purpose: As per CNA's Animals on Campus Policy (PO-007), this form is to be completed by any CNA community member requesting a Therapy Dog visit on CNA premises.

Instructions: Complete this form and submit it with any supporting documentation to the appropriate contact:

- the Director of Student Services and Supports by emailing lori.hovey@cna.nl.ca (if the requester is a student or the request is for a student event); or
- the Manager of Employee Relations by emailing mandy.gale@cna.nl.ca (if the requester is an employee or other CNA community member).

Part 1: Contact Information

Requester Name: _____

Campus: _____

Affiliation with CNA:

- ☐ Staff Member
- ☐ Faculty Member
- ☐ Student Group
- ☐ Other: _____

Contact Email: _____

Part 2: Visit Details

Event Date (YYYY/MM/DD) and Time: _____

Event Location: _____

Number of participants expected: _____

Please include a brief description of the event / reason you are looking to have the Therapy Dog visit:

Is there anything else we should know about your event?

Signature: _____ **Date (YYYY/MM/DD):** _____

INTERNAL USE ONLY

- ☐ Reviewed with relevant campus administration
- ☐ Approved ☐ Denied ☐ Additional Information Required

Comments
