

## Permit – Animals On Campus



**[NOTICE REQUIREMENT - MINIMUM OF 5 BUSINESS DAYS]**

### 1. REQUESTOR DETAILS

Date Submitted:		Name of Requestor:
Name of MU School or Office:		Requestor Mobile Number:
External to MU:	Yes / No	Requestor Contact Email:

### 2. CAMPUS LOCATION DETAILS OF ANIMAL/S

South Street <input type="checkbox"/>	Rockingham <input type="checkbox"/>	Fremantle <input type="checkbox"/>	Mandurah <input type="checkbox"/>	Whitby Falls <input type="checkbox"/>
Building/Location/s of Animal/s:		Floor/s	Room/s:	

### 3. PERMIT ASSESSMENT DETAILS

Type of Animal/s:		
Quantity of animals:		
Containment measures:		
Purpose:		
Parking/Access requirements:		
Date/s Required:	Time:	Duration:

### 4. REQUESTOR TERMS & CONDITIONS OF PERMIT

Request complies with Animals on Campus procedure. If no detail reason/s. <i>Link for review- <a href="http://goto.murdoch.edu.au/PublicAccessPPM">http://goto.murdoch.edu.au/PublicAccessPPM</a></i>	Yes / No
Animal/s Vaccinations are current <i>[Murdoch University reserve the right to check]</i>	Yes / No
Copies of insurances attached <i>[ie public liability]</i>	Yes / No
If applicable, request for 'Library Dog' – Suitability Assessment completed & attached	Yes / No / N/A
Room/location booked <i>[confirmed with Roombookings]</i>	Yes / No
Additional information:	
I verify that these animal/s are under my supervision & the above conditions are met.	Yes / No
Requestor Signature:	Date: Time:

### 5. MU RESPONSIBLE OFFICER [MU SCHOOL/OFFICE MANAGER] APPROVAL

Animal/s on campus key to an activity that supports University's business objectives	Yes / No
Is the presence of the animal likely to pose a significant risk to University	Yes / No
I verify that the requestor & animal/s are under my supervision & endorse this request.	Yes / No
Name of MU Responsible Officer:	
Signature of MU Responsible Officer:	
Date:	Time:

### 6. MU PROPERTY, DEVELOPMENT & COMMERCIAL SERVICES APPROVAL

I verify that the permit conditions have been met & the required documentation provided.	Yes / No
GM Campus Services or nominee:	
Signature GM Campus Services or nominee:	
Date:	Time: