

# Permit – Animals On Campus

|   |                                       |                                    |
|---|---------------------------------------|------------------------------------|
| <b>[NOTICE REQUIREMENT – MINIMUM OF 5 BUSINESS DAYS]</b>  |                                       |                                    |
| <b>REQUESTOR DETAILS</b>  |                                       |                                    |
| Date Submitted:   | Name of Requestor:                    |                                    |
| MU College or Office:   | Requestor Contact Number:             |                                    |
| Non MU:   | Requestor Contact Email:              |                                    |
| <b>CAMPUS LOCATION DETAILS OF ANIMAL/S</b>  |                                       |                                    |
| South Street <input type="checkbox"/>   | Rockingham <input type="checkbox"/>   | Fremantle <input type="checkbox"/> |
| Mandurah <input type="checkbox"/>   | Whitby Falls <input type="checkbox"/> |                                    |
| Building/Location of Animal/s:  | Floor:                                | Room/s:                            |
| Additional Location of Animal/s:  | Floor:                                | Room/s:                            |
| <b>PERMIT ASSESSMENT DETAILS</b>  |                                       |                                    |
| Type of Animal/s:   |                                       |                                    |
| Quantity of Animals:  |                                       |                                    |
| Containment Measures:   |                                       |                                    |
| Purpose:  |                                       |                                    |
| Parking/Access Requirements:  |                                       |                                    |
| Date/s Required:  | Time:                                 | Duration:                          |
| <b>REQUESTOR TERMS &amp; CONDITIONS OF PERMIT</b>   |                                       |                                    |
| Name of MU Responsible Officer:   | Date:                                 |                                    |
| Request complies with Animals on Campus Procedure. If no, detail reason/s.<br><a href="http://goto.murdoch.edu.au/PublicAccessPPM">http://goto.murdoch.edu.au/PublicAccessPPM</a> | Yes / No                              |                                    |
| Animal/s vaccinations are current [Murdoch University reserve the right to check]   | Yes / No                              |                                    |
| Copies of insurances attached [i.e. public liability]   | Yes / No                              |                                    |
| If applicable, request for 'Library Dog' – Suitability Assessment completed & attached  | Yes / No / N/A                        |                                    |
| Room/location booked [confirmed with Roombookings]  | 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:                              |
| <b>MU RESPONSIBLE OFFICER [MU COLLEGE/OFFICE MANAGER] APPROVAL</b>  |                                       |                                    |
| 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:                                 |                                    |
| <b>CXO CAMPUS OPERATIONS &amp; SERVICES APPROVAL</b>  |                                       |                                    |
| I verify that the permit conditions have been met & the required documentation provided   | Yes / No                              |                                    |
| CXO Manager Campus Operations & Services:   |                                       |                                    |
| Signature CXO Manager Campus Operations & Services or nominee:  |                                       |                                    |
| Date:   | Time:                                 |                                    |