



**Animal Care Committee  
Recreational Animal Use Form**

NAME OF EVENT	
DATE OF EVENT	
HOURS OF OPERATION	
COLLEGE CAMPUS AND SPECIFIC LOCATION	
BRIEF DESCRIPTION OF EVENT	
NUMBER AND SPECIES OF ANIMALS THAT WILL BE ON SITE	
EVENT CHAIRPERSON/ORGANIZER	
CONTACT INFORMATION ADDRESS PHONE EMAIL ADDRESS	
NAME OF VETERINARIAN EMERGENCY PHONE NUMBER	
DATE OF SUBMISSION	

**Please complete and submit this form **1 month** prior to the proposed event date to:**

Genie Magliaro,  
St. Clair College Animal Care Committee,  
St. Clair College, 2000 Talbot Rd. W., Windsor, ON N9A 6S4  
Phone: 519 972-2727 Ext 4235  
[gmagliaro@stclaircollege.ca](mailto:gmagliaro@stclaircollege.ca)