

West Virginia Department of
Health and Human Resources

Pet Acknowledgement Form

I, _____, have the following pets in my household:
Child Care Provider Name

Type of Pet	Breed of Pet (Labrador Retriever, Collie/Shepherd mix, etc.)	Is the pet neutered?	Has the pet attended obedience classes?	Is the pet current on required vaccinations?
<input type="checkbox"/> Dog <input type="checkbox"/> Reptile* <input type="checkbox"/> Cat <input type="checkbox"/> Bird* <input type="checkbox"/> Fish Other: <input type="checkbox"/> Rabbit		<input type="checkbox"/> Yes. <input type="checkbox"/> No. <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Dog <input type="checkbox"/> Reptile* <input type="checkbox"/> Cat <input type="checkbox"/> Bird* <input type="checkbox"/> Fish Other: <input type="checkbox"/> Rabbit		<input type="checkbox"/> Yes. <input type="checkbox"/> No. <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Dog <input type="checkbox"/> Reptile* <input type="checkbox"/> Cat <input type="checkbox"/> Bird* <input type="checkbox"/> Fish Other: <input type="checkbox"/> Rabbit		<input type="checkbox"/> Yes. <input type="checkbox"/> No. <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Dog <input type="checkbox"/> Reptile* <input type="checkbox"/> Cat <input type="checkbox"/> Bird* <input type="checkbox"/> Fish Other: <input type="checkbox"/> Rabbit		<input type="checkbox"/> Yes. <input type="checkbox"/> No. <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Dog <input type="checkbox"/> Reptile* <input type="checkbox"/> Cat <input type="checkbox"/> Bird* <input type="checkbox"/> Fish Other: <input type="checkbox"/> Rabbit		<input type="checkbox"/> Yes. <input type="checkbox"/> No. <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Dog <input type="checkbox"/> Reptile* <input type="checkbox"/> Cat <input type="checkbox"/> Bird* <input type="checkbox"/> Fish Other: <input type="checkbox"/> Rabbit		<input type="checkbox"/> Yes. <input type="checkbox"/> No. <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <input type="checkbox"/> Not Applicable

* Birds, reptiles, and any animal that is sick or aggressive must be kept away from child care children per child care regulations.

2. Children in care will have access to my pets:

Yes.

No. If no, describe how children and pets will be separated:

3. I have informed the parents of all children in care that the above named pets are in the home.

- Yes.
- No.

4. I agree to notify child care parents at least two weeks prior to bringing a new pet into the home. I agree to directly supervise all pet/child interactions. I agree to never leave a child alone with a pet.

Signature of Child Care Provider

Date

Parent Signatures: Please have the parents of each child in care read and sign this form.

I have received information regarding the type and breed of pet(s) that are in my child care provider's home.			
My child(ren) are permitted to interact with my child care provider's pets:	Children's names	Parent's Signature	Date
<input type="checkbox"/> Yes. <input type="checkbox"/> No.			
<input type="checkbox"/> Yes. <input type="checkbox"/> No.			
<input type="checkbox"/> Yes. <input type="checkbox"/> No.			
<input type="checkbox"/> Yes. <input type="checkbox"/> No.			
<input type="checkbox"/> Yes. <input type="checkbox"/> No.			
<input type="checkbox"/> Yes. <input type="checkbox"/> No.			
<input type="checkbox"/> Yes. <input type="checkbox"/> No.			
<input type="checkbox"/> Yes. <input type="checkbox"/> No.			
<input type="checkbox"/> Yes. <input type="checkbox"/> No.			