

PEPPERDINE

REQUEST TO FILM WITH ANIMALS

Complete this form and return to Production Operations. Attach a copy of Script.

Producer Name: _____ Date: _____

Director Name: _____ Professor Name: _____

Assistant Director Name: _____ Course Number: _____

Production Title: _____

Type of Animal: _____

Name of Animal: _____ Age: _____ Weight: _____

Number of years of prior filming experience: _____

Number of days animal will be filming: _____

Dates animal will be filming: _____

Location(s) where filming with animal: _____

Do the owners of the animal require any Insurance? If yes, please explain.

Description of the animal activity, including training, filming, and stunts:

What safety precautions are in place to protect persons and property in the event the animal becomes aggressive? How will the animal be restrained?

Animal Trainer/Wrangler Name: _____ Phone: _____