

Service Animals in District Facilities

Please provide the following information about the service animal.

Parent/Staff and/or emergency contact information: _____

Type of service animal (breed, age, and history): _____

Insurance company insuring the service animal: _____

Attached proof of insurance: ☐ Received ☐ Not Received

Agent name and address: _____

Phone number: _____

Proof of current and proper vaccinations: ☐ Received ☐ Not Received

Documentation of Public Access Test (PAT): ☐ Received ☐ Not Received

Name of trainer or organization who administered the PAT: _____

Address of trainer or organization: _____

Phone number of trainer or organization: _____

List and attach any letters or other documentation from medical providers or other service providers regarding the student's/staff's need for the service animal: _____

☐ Received ☐ Not Received

Has the student/staff member requesting use of the animal been trained as the animal's handler? ☐ Yes ☐ No

If no, who will act as the trained handler for the animal during the school/work day? _____

Is the student/staff able to independently care for the service animal's needs (i.e., bathroom, feeding, cleaning up messes, hygiene, etc.) ☐ Yes ☐ No

Describe the manner in which the service animal will meet the student's/staff's individual needs: