Policy: ING - AR Adopted:

8550 New Hope Rd • PO Box 160 • Murphy, OR 97533

ANIMALS IN DISTRICT FACILITIES

Please provide the following information about the assistance animal.

- 1. Parent/Staff and/or emergency contact information:
- 2. Type of assistance animal (breed, age, and history): _

3. Insurance company insuring the assistance animal:

- Attached proof of insurance:
 Received
 Not Received
 Agent name and address:
 Phone number:
- 4. Proof of current and proper vaccinations:
 □ Received
 □ Not Received

5. Is the assistance animal required due to a disability?

Yes
No

- 6. Is the student/staff able to independently care for the assistance animal's needs (i.e., bathroom, feeding, cleaning up messes, hygiene, etc.) □ Yes □ No
- 7. Describe the nature of the work or task the assistance animal is trained, or is being trained to do or perform to¹ meet the student's/staff's individual needs:

¹The district may request this information if the nature of the work or task the assistance animal is trained, or is being trained to do or perform, is not readily apparent.