## Three Rivers School District

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

Policy: ING - AR Adopted:

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:  Phase a part have
	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.) $\Box$ Yes $\Box$ No
7.	Describe the nature of the work or task the assistance animal is trained, or is being trained to do or perform to 1 meet the student's/staff's individual needs:

<sup>1</sup>The 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.