

Minidoka County Joint School District #331

INSTRUCTION

2585F

Therapy Dog Plan

Name of Handler: _____

Mailing Address: _____

Contact Number: _____

Therapy Dog Breed: _____

Name of Dog: _____

Age: _____ Weight: _____ Color: _____

Please provide a brief description of the services or functions the Therapy Dog will be providing:

School site to visit: _____

Which students do you intend for the dog to serve? _____

How will students be instructed on appropriate behavior around and treatment of the dog?

How will you accommodate students who are allergic to the dog, afraid of the dog, or for whom permission to have contact with the dog has not been given?

Rooms or Areas of the School the Dog Will Visit or Be Kept: _____

Dates of Visit: _____

By signing below, I am affirming that I have read and understand Policy 2585. I will abide by the terms of this policy.

I understand permission for this proposal may be revoked for reasons including, but not limited to the following:

1. Expiration of the therapy dog's certification;
2. An allergic reaction by a student the therapy dog;
3. Failure of the handler to maintain control of the therapy dog;
4. The therapy dog is not housebroken;
5. Unsafe or unprofessional behavior by the handler or therapy dog;
6. The presence of the therapy dog interferes with the educational process;
7. Violation of Policy 2585 or any other District policy.

I understand I am responsible for any and all damage to District property or personal property, and any injuries caused by my therapy dog. I also understand that the district is not responsible for any costs related to my therapy dog. I agree to indemnify, defend, and hold harmless the District from and against any and all claims, actions, suits, judgments and demands brought by any party arising on account of, or in connection with, any activity of or damage caused by my therapy dog.

The following documentation must be included with this request form:

1. Proof of annual vaccinations;
2. Documentation of state and/or city/town licensure of my therapy dog – annual or as otherwise required by the local jurisdiction to own a dog;
3. Documentation from an American Kennel Club or other organization pertaining to my therapy dog's training;
4. Any relevant credentials held by the handler;
5. Annual Proof of insurance; and
6. A proposed schedule of when any necessary care of the dog that will take place at the school (exercise, feeding, watering toileting, etc.) will take place.

I understand that if this proposal is approved, the therapy dog will only be allowed on District property as described in the proposal. The therapy dog may only interact with students who have provided written permission.

Approval of this proposal may be revoked by the building principal or District Superintendent at any time.

Therapy Dog Owner Signature

Date

_____ Approved _____ Rejected

Building Principal Signature

Date

_____ Approved _____ Rejected

Superintendent Signature

Date