

## ***Annual Request to Use a Therapy Dog in School***

*The Board of Education Policy 930 governs the use of therapy dogs in schools. The request shall be submitted for the Superintendent of Schools (or Designee) for approval each school year and/or whenever the handler wishes to use a different therapy dog.*

*Name of Handler:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Handler Address:* \_\_\_\_\_ *Handler Phone #:* \_\_\_\_\_

\_\_\_\_\_ *Name of Dog:* \_\_\_\_\_

*Handler Email:* \_\_\_\_\_

*School where dog will be used:* \_\_\_\_\_

*Please describe, in detail, what the dog will do at the school?*

*Please list, in detail, areas in which the dog can occupy at the school:*

*Please attach the following to this form:*

- *Appropriate identification identifying it as a therapy dog.*
- *Proof of registration as a therapy dog handler with the individual therapy dog to be used. (Note: Such registration shall be from an organization that requires an evaluation of the therapy dog and handler prior to registration and at least every 2 years.)*
- *Proof from a licensed veterinarian that the therapy dog is in good health and has been immunized against diseases common to dogs. Such vaccinations shall be kept current and up to date all times.*
- *Proof of license from the local dog licensing authority.*
- *Copy of an insurance policy that provides liability coverage for the work of the handler and therapy dog while the two are on school district property.*
- *American Kennel Club's Canine Good Citizen Registration or its equivalent as determined by the Superintendent.*

*Handler's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Principal's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Superintendent's (or Designee's Signature)* \_\_\_\_\_ *Date* \_\_\_\_\_

*This annual request expires on* \_\_\_\_\_  
(Date)

