

APPROVAL REQUEST FORM TO BRING A THERAPY DOG TO SCHOOL

Please turn in your request to the School Principal

Owner Name: _____ Date: _____

Contact information for Owner and Organization, if applicable (*please include email, phone number, and address*): _____

Building: _____

Name of therapy dog: _____

Reason for bringing in the therapy dog: _____

Date(s) of proposed visit: _____

What training or certification has the therapy dog and owner received:

Checklist for Completion of Form

Attached is the following documentation:

- ____ Verification of proper vaccinations and health information by a licensed veterinarian
- ____ Proof of a physical and healthy stool sample analysis and heart worm test performed by a licensed veterinarian
- ____ Copy of liability insurance that covers the dog and owner
- ____ Copy of up-to-date therapy dog certification recognized by the American Kennel Club or other proper authority

I have read and understand the School District’s policy regarding therapy dogs and will abide by the terms of the policy.

I understand that if my therapy dog: is out of control and/or the animal’s owner does not effectively control the animal’s behavior; is not housebroken or the animal’s presence or behavior fundamentally interferes in the functions of the School District; or behaves in a way that poses a direct threat to the health or safety of others, has a history of such behavior, or otherwise poses a direct threat to the health and safety of others that cannot be eliminated by reasonable modifications, the School District has the discretion to exclude or remove my therapy dog from its property.

I agree to be responsible for any and all damage to School District property, personal property, and any injuries to individuals caused by my therapy dog. I agree to indemnify, defend, and hold harmless the School District, its school board members, administrators, employees, and agents, 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.

Owner Signature: _____ Date: _____

Superintendent/Administrator Signature: _____ Date: _____