

Billings Public Schools

415 North 30th Street Billings MT 59101-1298
(406) 281-5000 www.billings.k12.mt.us



Service Animals in Billings School District Facilities

Please provide the following information about the service animal.

1. Student/Staff Name:

Parent Name and Contact Information:

First and Last Name

Address and Daytime Phone Number

2. Is this animal required because of a disability? Yes No

3. Type of service animal (breed, age, and history):

4. Insurance company insuring the service animal:

Attached proof of insurance: Received Not Received

Agent name and

address: _____

Agent phone

number: _____

5. Annual proof of current and proper vaccinations: Received Not Received

Dogs must wear a rabies vaccination tag. (Dogs must have general maintenance vaccine series, including rabies, distemper, and parvovirus. Other animals must have had the appropriate vaccination series for the type of animal.)

6. Proof of City of Billings license in accordance with City Ordinance 4-431.

Received Not Received

7. Name of trainer or organization who administered the PAT (Public Access Test) (Optional):

Address of trainer or organization:

Phone number of trainer or organization:

8. List or attach any letters or other documentation from medical providers or other service providers regarding the student/staff need for the service animal. Received Not Received

9. Is the student/staff the animal's trained handler? Yes No

If no, who will act as the trained handler for the service animal during the school/work day?

10. If the student/staff are unable to independently care for the service animal's needs (i.e., bathroom, feeding, cleaning up messes, hygiene, etc.) who will be responsible to care for the service animal's needs? (Note: The District is not responsible for any of these types of services).

11. What task(s) and/or work has the service animal been trained to perform?

Yes
12. Student/staff has received a copy of the U.S. Department of Justice ADA Requirements for Service Animals?
 No

Student/Staff Signature and Date

Parent/Guardian Signature and Date

Name of Administrator Receiving this Form

Administrator Signature and Date