

Service Animals in District Facilities

Please provide the following information about the service animal.

1. Parent/Staff and/or emergency contact information: _____

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

3. Insurance company insuring the service animal: _____
Attached proof of insurance: Received Not Received
Agent name and address: _____

Phone number: _____
4. Proof of current and proper vaccinations: Received Not Received
5. Documentation of Public Access Test (PAT): Received Not Received
Name of trainer or organization who administered the PAT: _____
Address of trainer or organization: _____
Phone number of trainer or organization: _____
6. List and attach any letters or other documentation from medical providers or other service providers regarding the student's/staff's need for the service animal: _____

 Received Not Received
7. Has the student/staff member requesting use of the animal been trained as the animal's handler? Yes No
8. If no, who will act as the trained handler for the animal during the school/work day? _____

9. Is the student/staff able to independently care for the service animal's needs (i.e., bathroom, feeding, cleaning up messes, hygiene, etc.) Yes No
10. Is the animal required because of a disability? _____

11. What work or task has the animal been trained to perform? _____

12. Describe the manner in which the service animal will meet the student's/staff's individual needs:

Revised on: 10/14/2019