Volusia County Schools – Service Animal Request

Employee/Student's Name: _____

Address: _____

Phone Number: _____

Department/School: _____

1. **Does the employee/student have a physical or mental impairment?**

2. **What is the impairment?**

3. **Is the impairment permanent?**

4. **Does the impairment affect a major life activity? If yes, please describe.**

5. **What work or tasks will the service animal perform to assist the employee/student with their disability?**

6. **What kind of service animal are you making this request for?**
   Dog/Breed:_____
   Miniature horse
   Other: Please specify:_____

I understand if my service animal is determined to be out of control, is not house broken, is a direct threat, or results in a fundamental alteration to the program, services or activities of the school, the district may request that the animal be removed. I also agree to assume responsibility for any damage or injury that the animal may cause to school district property or other individuals.

Employee/Parent Signature: _____ Date: _____

- **Please attach proof of animal training, licensing, and immunizations including rabies vaccinations.**

***Please return this request to: Anne Marie Wrenn, Equity and Compliance Officer, Professional Standards Office, 200 North Clara Avenue, DeLand, Florida 32721; Phone (386) 734-7190, ext. 20313; Fax: (386) 943-3402; email:** amwrenn@volusia.k12.fl.us