

INSTRUCTION

2585P

Therapy Dog Plan

Name of Handler: _____

Mailing Address: _____

Contact Number: _____

Therapy Dog Breed: _____

Name of Dog: _____

Age: _____ Weight: _____ Color: _____

Please provide a brief description of the services or functions the therapy dog will be providing:

School site to visit: _____

Which students do you intend for the dog to serve? _____

How will students be instructed on appropriate behavior around and treatment of the dog?

How will students who are allergic to the dog, afraid of the dog, or for whom permission to have contact with the dog has not been given be accommodated?

Rooms or areas of the school the dog will visit or be kept: _____

Dates of visit: _____

By signing below, I am affirming that I have read and understand Policy 2585. I will abide by the terms of this policy.

I understand permission for this proposal may be revoked for reasons including, but not limited to, the following:

1. Expiration of the therapy dog's certification;
2. An allergic reaction by a student the therapy dog;
3. Failure of the handler to maintain control of the therapy dog;
4. The therapy dog is not housebroken;
5. Unsafe or unprofessional behavior by the handler or therapy dog;
6. The presence of the therapy dog interferes with the educational process;
7. Violation of Policy 2585 or any other District policy.

I understand I am responsible for any and all damage to District property or any student and staff personal property, and any injuries caused to or by my therapy dog. I also understand the district is not responsible for any costs related to my therapy dog. I agree to indemnify, defend, and hold harmless the District 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.

The following documentation must be included with this request form:

1. Current American Kennel Club Canine Good Citizen certificate;
2. Proof of the health of the therapy dog from a licensed veterinarian;
3. Proof of all vaccinations identified in Policy 2585;
4. Proof of negative fecal evaluation;
5. Handler identification and credentials;
6. Proof of liability coverage for the therapy dog while on District property; and
7. Proof of a completed volunteer packet; and
8. Proposed schedule of necessary care for the therapy dog (including exercise, feeding, watering, toileting, and any necessary cleanup).

I understand that if this proposal is approved, the therapy dog will only be allowed on District property as described in the proposal. The therapy dog may only interact with students who have provided written permission.

Approval of this proposal may be revoked by the building principal or Superintendent at any time.

Therapy Dog Owner Signature

Date

Approved Rejected

Building Principal Signature

Date

Approved Rejected

Superintendent Signature

Date