



**808A - STAFF  
REQUEST FORM FOR AN ANIMAL VISIT**

*This form is to be completed by the employee in the school building who is making the request for the animal. Please turn in your request to the Building Administrator/ Director.*

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Big Lake Schools Building: \_\_\_\_\_

Type/Breed of Animal: \_\_\_\_\_

Name of Animal: \_\_\_\_\_ Name of Handler/Owner: \_\_\_\_\_

Reason/purpose for the animal request:

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Frequency of animal(s) on site:

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**Signatures for Approval:**

Building Administrator/Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Director

of Buildings & Grounds Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: Animals will not be allowed on school premises until the district has received all information from the requester, and it has been approved with all signatures. This Registration/Agreement is valid until the end of the current school year. It must be renewed prior to the start of each subsequent school year or whenever a different animal will be used.*

**Approval and Communication to Families:**

The Building Administrator/Director will work with their teachers to notify families and staff, before visits start to occur through regular communication methods regarding the presence of an animal on school premises. The following language is suggested for a therapy animal:

We are excited to share with you that there will be a therapy dog in our school assisting students throughout the school year. A therapy animal is most commonly a dog (but can be other species) that are certified or registered and have been obedience trained and screened for their ability to interact favorably with humans and other animals.

The primary role of a therapy animal is to complement more traditional modes of treatment or therapy through comforting, supportive, calming and engaging interactions. Because therapy animals have not been trained to perform a specific job, task or duty due to an individual's disability, they do not qualify as a service animal under the Americans with Disability Act (ADA).

Date communication was sent: \_\_\_\_\_

