Therapy Dog Request Form

Name of Owner: _____ Contact Number: _____

Mailing Address: _____

Email Address: _____

Employed by District: ___ Yes ___ No If no, services requested by? _____

If yes, your position in the District: _____ Building: _____

Name of Therapy Dog: _____ Handler's Name: _____

Therapy Dog Breed: _____ Age: ____ Weight: _____ Color: _____

Description of the services or functions, or attach your rationale, the Therapy Dog will be providing to benefit District Students:

_____

_____

School(s) Visiting: _____

Date(s) Visiting: _____

By signing below, I am affirming that I have read and understand the Broadalbin-Perth Central School District's Therapy Dogs Policy. I will abide by the terms of this policy. I understand my Therapy Dog may be excluded from a District building or District Property if any of the following occur (including but not limited to)

1. If any student or school employee assigned to a classroom in which a Therapy Dog is permitted suffers an allergic reaction to the Therapy Dog;
2. The Owner does not have control of the Therapy Dog;
3. The Therapy Dog is not housebroken;
4. The Therapy Dog presents a direct and immediate threat to others in the building or on District property; or
5. The Therapy Dog's presence otherwise interferes with the educational process.

I understand I am responsible for any and all damage to the District property, and any injuries caused by my Therapy Dog. I also understand that the District is not responsible for any costs related to my Therapy Dog. I agree to indemnify, defend and hold harmless the District from any and all claims, actions, suits, judgements and demands brought by a party arising on account of, or in connection with, any of or damage caused by my Therapy Dog.

The following documentation must be included with this form:

1. Proof of annual vaccinations;
2. Documentation of state and/or city license of my Therapy Dog;
3. Therapy Dogs International Certificate or comparable authority as determined by the district.

Therapy Dog Owner's Signature: _____ Date: _____

Building Principal Signature: _____ Date: _____

Superintendent Approval Signature: _____ Date: _____

Disapproval and Reason: _____ Date: _____