

**REQUEST TO ENTER DISTRICT 11 BUILDINGS WITH A THERAPY DOG
(Annual Request Required)**

Date: _____

Owner/Handler: _____

Name of Animal: _____

Is the dog a Therapy Dog-in-Training? Yes No

If yes, do you have proof the dog has passed the "Canine Good Citizen" test? Yes No

Is the dog a Licensed Therapy Dog? Yes No

If yes, do you have proof of certification and proof of the required minimum one-million-dollar insurance policy? Yes No

Signature of Owner/Handler: _____ Date: _____

Approved by: _____ Date: _____
District 11 Safety Officer or Designee

All Therapy Dog Requests must be submitted to the District 11 Risk Management Office for review and approval before the dog may be admitted to District buildings.

The District's Safety Officer will maintain a master list of certified therapy dogs eligible to enter District buildings (testing, certifications and insurance to be reviewed annually).