

1 **Great Falls School District**

2
3 **Request to use Therapy Animal in School**

8426F

4
5 Board Policy 8426 governs the use of therapy animals in school. The request shall be submitted
6 to the Superintendent or designee for approval each school year and /or whenever the owner
7 wishes to use a different therapy animal.
8

9
10 Name of Owner _____

11 Name of Handler (if different from Owner):-
12 _____

13 Owner address: _____

14 Handler address (if different from Owner): _____

15 Owner email: _____

16 Handler email (if different from Owner): _____

17
18 Building(s) where animal will be used: _____

19
20 Please describe, in detail, what the animal will do at the
21 school: _____
22 _____
23 _____

24
25 Date: _____ Owner Phone Number: _____

26 Handler Phone Number: _____

27
28 Name of Therapy Animal: _____

29
30 Please attach the following to this form:
31 Proof of registration as a therapy animal handler with the individual animal to be used (Note:
32 Such registration shall be from an organization that requires an evaluation of the therapy animal
33 and handler prior to registration and at least every two years)

34
35 Proof from a licensed veterinarian that the therapy animal is in good health and has been
36 immunized against diseases common to the particular animal. Such vaccinations shall be kept
37 current and up to date at all times.

38
39 Proof of licensure from the local licensing authority.

40
41 Copy of an insurance policy that provides liability coverage for the work of the handler and
42 therapy animal while the two are on school district property.

43
44 Owner's Signature: _____ Date: _____

45 Handler's Signature (if different from Owners): _____ Date: _____

46
47 Superintendent's Signature: _____ Date: _____

48

49 I have read, understand and will comply with Board Policy 8426