

**SERVICE ANIMALS ON SCHOOL PROPERTY
REGISTRATION FORM**

Today's Date: _____

Owner of Animal: _____

Student or Employee's Name: _____

Student's School and Grade: _____

Student or Employee's Address and Phone Number:

Parent's Name if Child under 18 years of age: _____

Proposed Date that Service Animal Will Start Service at School: _____

1. Is this animal a "service animal" required because of a disability? ☐ Yes ☐ No

If yes, what work or tasks has the animal been individually trained to perform?

2. Type of service animal: ☐ Dog ☐ Miniature horse

3. Is the individual able to fully care for and supervise their service animal? ☐ Yes ☐ No

If no, please describe who will be responsible for the animal's needs (i.e., parent, third party individual):

If the student is not acting as the service animal's handler, contact information of the Handler:

Handler's Name: _____

Phone: _____

Address: _____

**If the Handler will accompany the service animal and child to school, the Handler is subject to all Board policies and procedures, including the requirement to pass a background check.*

4. Are there other special considerations or concerns to note? (transportation, individual's needs, etc.)

5. Does the student have an IEP or Section 504 plan?

☐ Yes ☐ No

The questions below (#6-12) assist Bluffton-Harrison Metropolitan School District in properly preparing for the service animal to begin service at the school. The Owner is highly encouraged to provide as much information as possible.

6. What is the breed of the service animal? _____

7. How will the student and his/her service animal be transported to and from school? Are there any special concerns regarding the service animal's response to or needs regarding vehicle transport?

8. Are there any special concerns regarding the service animal's interaction with children, adults, or a specific gender?

9. Are there any special concerns regarding the service animal's response to or needs in common areas of noise or crowds (such as the cafeteria, gymnasium, hallways, auditorium, etc.)? In areas where food is served?

10. Are there any special concerns regarding the service animal's response to or needs responding to loud noises, alarms, or sudden panic or worry by its handler or a crowd?

11. Are there any special concerns regarding the service animal's response to or needs for toileting, feeding, watering, or grooming?

12. Has the service animal ever shown aggression or timid behavior during or after being trained?

A current vaccination record required by Indiana law must be submitted with this Registration Form. In addition, the following documentation should be submitted with this Registration Form:

- ☐ Documentation supporting that the service animal is required because of a disability
- ☐ Documentation supporting that the animal has been individually trained to do work or perform tasks to assist an individual with a disability

I have read, understood, and agree to abide by the terms of the Corporation's Service Animal Policy G275. I acknowledge that I am liable for any damage, harm, or injury caused by the service animal to other students, staff, visitors, and/or property.

Signature: Service Animal Owner*

Date

(*Owner-signer must be an adult.)