

MISCELLANEOUS INSTRUCTIONAL POLICIES  
NON-SERVICE THERAPY DOG

EMG  
(EXHIBIT)

See the following forms related to non-service Therapy Dogs on campus for instructional or counseling purposes:

- Exhibit A: Request to Bring Therapy Dog on Campus for Instructional or counseling Purpose — 4 pages
- Exhibit B: Sample Notice to Parent Regarding Therapy Dog in Classroom — 3 pages
- Exhibit C: Non-Service Therapy Dog Incident/Accident Report Form — 1 page
- Exhibit D: Witness Statement: Non-Service Therapy Dog Incident/Accident Report — 1 page



MISCELLANEOUS INSTRUCTIONAL POLICIES  
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(EXHIBIT A)

EXHIBIT A

REQUEST TO BRING THERAPY DOG ON CAMPUS FOR INSTRUCTIONAL OR COUNSELING PURPOSE

Name of teacher or counselor submitting request: \_\_\_\_\_

Campus: \_\_\_\_\_

Is this request for a one-time presentation/event or an ongoing request:

Describe: \_\_\_\_\_

\_\_\_\_\_

Dates(s) or duration Therapy Dog will be present on District property:

\_\_\_\_\_

Course(s) taught and instructional purpose or educational objective:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify the Therapy Dog (*breed, gender, etc.*):

\_\_\_\_\_

\_\_\_\_\_

For an ongoing request, who will care for the Therapy Dog on weekends and school breaks?

\_\_\_\_\_

Therapy Dog Handler's Name: \_\_\_\_\_

Therapy Dog Handlers phone #: \_\_\_\_\_

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Therapy Dog Requirements (See EMG REGULATIONS):  
(Check one of each question.)

Is the Therapy Dog vaccinated? If so, please attach copy of vaccination history to form:

- Yes (see attached)  
 No

Is the Therapy Dog TDI Trained? Please attach a copy of the TDI record of training and certification.

- Yes (see attached)  
 No

Is the Therapy Dog insured through TDI by you? Please attach a copy of the required insurance coverage.

- Yes (see attached)  
 No

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**Acknowledgment**

***I have read and understand the District's requirements for the presence of a therapy dog on campus or in any District facility. [See EMG(REGULATION)]***

***I understand that to ensure the safety and protection of students and staff, the administration may remove the therapy dog from the campus or District facility if the dog:***

- 1. Does not meet the previous requirements as stated;***
- 2. Is not housebroken;***
- 3. Displays signs of being out of control and the dog's handler does not take effective action to control it;***
- 4. Causes injury to staff or students;***
- 5. Is a direct threat to the health or safety of others; or***
- 6. Causes an allergic reaction to staff or students.***

***I understand that the District is not responsible for the care or supervision of the dog.***

***I understand that I am liable for any harm, injury, or damage caused by the Therapy Dog to other students, District employees, visitors, and/or property.***

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**Handlers Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Review by School Nurse**

Please list any allergy related notes or other concerns regarding Therapy Dog:

\_\_\_\_\_  
\_\_\_\_\_

Nurse's signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**For Office Use Only**

Approved  Denied

Signature of principal or designee: \_\_\_\_\_

Date: \_\_\_\_\_

Certified Therapy Dog (In-  
cluded):

- Yes  
 No

Current vaccination record  
(Included):

- Yes  
 No

Handler Insurance (In-  
cluded):

- Yes  
 No

Request:

- Approved  
 Denied

Principal's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Request:

- Approved  
 Denied

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(EXHIBIT A)

Executive Director of Leadership: \_\_\_\_\_

Date: \_\_\_\_\_

Request:

- Approved
- Denied

Executive Director of Guidance, Counseling and Wellness signature (District employees):

\_\_\_\_\_

Date: \_\_\_\_\_

Request:

- Approved
- Denied

Development Office (Non-District Employees): \_\_\_\_\_

Date: \_\_\_\_\_

MISCELLANEOUS INSTRUCTIONAL POLICIES  
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(EXHIBIT B)

EXHIBIT B

SAMPLE NOTICE TO PARENT REGARDING THERAPY DOG IN CLASSROOM

Date: \_\_\_\_\_

Dear Parent:

This letter is to inform you that, beginning \_\_\_\_\_ (*date*), I will be introducing a Therapy Dog into our classroom.

Having a Therapy Dog enhances academic instruction.

I have provided information about our classroom Therapy Dog below.

Name and breed of Therapy Dog: \_\_\_\_\_

Facts about this Therapy Dog: (*personality, any other relevant/interesting facts*)

\_\_\_\_\_  
\_\_\_\_\_

How students will interact with Therapy Dog: (*list classroom activities, such as reading to the Therapy Dog*) \_\_\_\_\_

\_\_\_\_\_

Be advised that our Therapy Dog is healthy and has all necessary vaccinations, and your child will not handle or help care for the Therapy Dog.

Please feel free to contact me if you have additional questions or concerns.

Sincerely,

\_\_\_\_\_

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**Parental or Guardian Consent:**

*Choose all that apply:*

- I do not give permission for my child to be in a classroom with a Therapy Dog.
- My child has allergies, a fear of animals, or other concerns. (I will contact you to discuss arrangements for your child.)
- I understand that a Therapy Dog will be in my child's classroom and my child may participate in the instructional strategies that involve the Therapy Dog.

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(EXHIBIT B)

Name of child: \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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(EXHIBIT B)

Sample Door Poster for Therapy Dog:

(Insert Picture of Therapy Dog)

Hi, my name is \_\_\_\_\_ . I am a certified Therapy Dog. I will be  
visiting \_\_\_\_\_ School. I will be on campus to help students  
with \_\_\_\_\_ .

TDI Certification Number and other facts about me: (For example: gender, breed, age,  
weight, and other interesting facts)

MISCELLANEOUS INSTRUCTIONAL POLICIES  
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(EXHIBIT C)

EXHIBIT C

NON-SERVICE ANIMAL INCIDENT/ACCIDENT REPORT FORM

Name of injured student or staff member: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade (if applicable): \_\_\_\_\_

School: \_\_\_\_\_

Place where incident/accident occurred: \_\_\_\_\_

Date: \_\_\_\_\_ Time of day: \_\_\_\_\_

Subject or activity during which incident/accident occurred: \_\_\_\_\_

Details of accident provided by student, staff member, or witness (identify source):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of injury (part of body injured): \_\_\_\_\_

Witnesses: \_\_\_\_\_

Teacher in charge: \_\_\_\_\_

Parent or emergency contact notified by: \_\_\_\_\_

Type of first aid given: \_\_\_\_\_

Has the animal been removed from the campus or District property pending an investigation?

Yes     No

Signature of person making report: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of principal: \_\_\_\_\_

Date: \_\_\_\_\_



MISCELLANEOUS INSTRUCTIONAL POLICIES  
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(EXHIBIT D)

EXHIBIT D

WITNESS STATEMENT: NON-SERVICE ANIMAL INCIDENT/ACCIDENT REPORT

Name of witness: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of incident/accident: \_\_\_\_\_

Time occurred: \_\_\_\_\_ a.m. p.m.

Where did the incident/accident happen? Be specific. \_\_\_\_\_

How close were you when the incident/accident occurred? \_\_\_\_\_

Did you see it? \_\_\_\_\_

If not, how soon after the incident/accident did you arrive? \_\_\_\_\_

Was anyone injured? \_\_\_\_\_ If so, who? \_\_\_\_\_

Were there other witnesses? \_\_\_\_\_ If yes, list names. \_\_\_\_\_

Describe what you saw and heard:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of witness: \_\_\_\_\_

Date: \_\_\_\_\_

(Attach diagrams or additional sheets if needed.)