

# Regulation

INSTRUCTION

8701.1

## ANIMALS IN SCHOOL (THERAPY) REQUEST FORM

Name of Owner: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_

Therapy Dog Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_

Name of Dog: \_\_\_\_\_

Please provide a brief description of the services or functions the Therapy Dog will be providing: \_\_\_\_\_

School(s) visiting: \_\_\_\_\_

Date(s) of visiting: \_\_\_\_\_

By signing below, I am affirming that I have read and understand the 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 District building/ 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 District property or personal 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 and against any and all claims, actions, suits, judgments and demands brought by any party arising on account of, or in connection with, any activity of or damage caused by my Therapy Dog.

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The following documentation must be included with the request form:

1. Proof of annual vaccinations;
2. Documentation of state and/or city licensure of my Therapy Dog;
3. Social Service Dog International Certification, or Therapy Dogs International Certification; and
4. Proof of insurance.

Once approved, proof of notice to parents/guardians of school/class where the Therapy Dog will be required to be submitted prior to entering building.

\_\_\_\_\_  
Therapy Dog Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date

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Waterville Central School District  
Approved by the Superintendent: 06/08/21\*