

THERAPY DOG REQUEST FORM

Date

School Building

Employee/Animal Owner

Type of Dog: _____

Name of Dog: _____

Is the dog AKC Canine Good Citizen certified? ☐ Yes ☐ NoHas the dog received training or certification from another organization? ☐ Yes ☐ No

If yes, please provide details: _____

Is the dog current on all required immunizations and vaccinations? ☐ Yes ☐ NoDoes the dog have an ID that indicates that the dog is a therapy dog? ☐ Yes ☐ No

I have attached the following documentation:

- ☐ Proof of current licensure
- ☐ Proof of current vaccinations and immunizations from a licensed veterinarian
- ☐ Declaration page indicating adequate liability insurance coverage

I have read and understand the school district's Therapy Dog Policy. I will abide by the terms of that Policy. I understand that if the therapy dog is out of control, not housebroken, presents a direct and immediate threat to others in the school, or otherwise interferes with the educational process, the school district may exclude or remove my therapy dog from its property.

I agree to be responsible for any damage to school property or injury to personnel, students, or others caused by the therapy dog. I agree to indemnify, defend, and hold harmless the school 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.

Owner Signature

Date**APPROVAL**

School Official Signature

Date

Printed Name: _____

Title: _____

Note: This form is valid until the end of the current school year. It must be renewed prior to the start of each subsequent school year or whenever a different therapy dog will be used.