SERVICE ANIMAL REQUEST FORM

Date	School Building
Name of Assisted Person:	
Assisted person is Staff Stude	ent 🗆 Other
Name of Animal Owner (if differer	nt than above):
Name of Animal Handler (if differen	ent than above):
Name of Animal:	Type of Animal: 🗆 Dog 🗆 Miniature Horse
If it is not readily apparent that please answer the following quest	the animal qualifies as a "service animal," ions:
Is use of the animal required beca	ause of a disability? Yes No
What work or task has the service	e animal been trained to perform?
by the terms of that Policy. I und control, not housebroken, present the school, or fundamentally alteractivity that cannot be eliminated district may exclude or remove multiple of the personnel, students, or others can defend, and hold harmless the secolaims, actions, suits, judgments	school district's Animals Policy. I will abide derstand that if the service animal is out of its a direct and immediate threat to others in ers the nature of the service, program, or ed by reasonable modifications, the school y service animal from its property. By damage to school property or injury to used by the animal. I agree to indemnify, chool district from and against any and all and demands brought by any party arising th, any activity of or damage caused by my
Owner Signature	 Date
Parent/Guardian Signature	Date
Assisted Person's Signature	Date
Handler Signature	 Date

Please attach the following documentation:

Proof of current licensure

Proof of current vaccinations and immunizations from a licensed veterinarian

APPROVAL	
School Official Signature Title:	Date

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 service animal will be used.