

Animals in District Facilities

Please provide the following information about the service animal.

- 1. Parent/Staff and/or emergency contact information: _____

- 2. Type of service animal (breed, age, and history): _____

- 3. Insurance company insuring the service animal: _____
Attached proof of insurance: Received Not Received

- 4. Agent name and address: _____

- 5. Phone number: _____

- 6. Proof of current and proper vaccinations: Received Not Received

- 7. Documentation of Public Access Test (PAT): Received Not Received

- 8. Name of trainer or organization who administered the PAT: _____

- 9. Address of trainer or organization: _____

- 10. Phone number of trainer or organization: _____

- 11. List and attach any letters or other documentation from medical providers or other service providers regarding the student's/staff's need for the service animal: _____
 Received Not Received

- 12. Has the student/staff member requesting use of the animal been trained as the animal's handler? Yes No
If no, who will act as the trained handler for the animal during the school/work day? _____

- 13. Is the student/staff able to independently care for the service animal's needs (i.e., bathroom, feeding, cleaning up messes, hygiene, etc.) Yes No

- 14. Describe the manner in which the service animal will meet the student's/staff's individual needs:

