

Silver Falls School District 4J

Code: **ING-AR**
Adopted: 3/14/11

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:

