

Animals in District Facilities

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

2. Type of assistance animal (breed, age, and history) _____

3. Insurance company insuring the assistance animal _____
Attached proof of insurance: Received Not received
Agent name and address _____
Phone number _____
4. Proof of current and proper vaccinations: Received Not received
5. Is the assistance animal required due to a disability? Yes No
6. 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
7. Describe the nature of the work or task the assistance animal is trained, or is being trained to do or perform to¹ meet the student's/staff's individual needs. _____

¹The district may request this information if the nature of the work or task the assistance animal is trained, or is being trained, to do or perform is not readily apparent.