## SERVICE ANIMAL REQUEST FORM

Date	School Building
Name of Assisted Person:	
Assisted person is   Staff  Student	Other
Name of Animal Owner (if different tha	n above):
Name of Animal Handler (if different th	an above):
Name of Animal: Ty	pe of Animal: 🗆 Dog 🗅 Miniature Horse
If it is not readily apparent that the a please answer the following questions:	animal qualifies as a "service animal,"
Is use of the animal required because	of a disability? 🗆 Yes 🗆 No
What work or task has the service anir	nal been trained to perform?

I have read and understand the school district's Animals Policy. I will abide by the terms of that Policy. I understand that if the service animal is out of control, not housebroken, presents a direct and immediate threat to others in the school, or fundamentally alters the nature of the service, program, or activity that cannot be eliminated by reasonable modifications, the school district may exclude or remove my service animal from its property.

I agree to be responsible for any damage to school property or injury to personnel, students, or others caused by the animal. 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 service animal.

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.