



## Approval Request Form For Use of a Service or Therapy Animal

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Parent(s)/Guardian(s) name and contact information: \_\_\_\_\_

\_\_\_\_\_

Type of service or therapy animal:

Name of service or therapy animal:

\_\_\_\_\_ Letter from Physician is attached.

Documentation attached that the service animal is:

\_\_\_ Properly trained and licensed

\_\_\_ Properly and currently vaccinated

\_\_\_ Under the control of a properly trained handler. Name of handler: \_\_\_\_\_

\_\_\_ Covered

I have read and understand policy # \_\_\_\_\_ and will abide by the terms of the procedure.

I understand that if my service animal or therapy dog is: out of control and/or the animal's handler does not effectively control the animal's behavior; is not housebroken or the animal's presence or behavior fundamentally interferes in the functions of the School District; or poses a direct threat to the health and safety of others that cannot be eliminated by reasonable modifications, the School District has the discretion to exclude or remove my service animal from its property.

I agree to be responsible for any and all damage to the School District property, personal property, and any injuries to individuals caused by my service animal or therapy dog. I agree to indemnify, defend and hold harmless North Shore Community School 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 or therapy dog.

\_\_\_ Request of approval form is attached.

\_\_\_ Letter from Physician is attached

Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Director signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: This registration/agreement 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.