

Charlo Public School District

Request to use Therapy Animal in School

8426F

Board Policy 8426 governs the use of therapy animals in school. The request shall be submitted to the Superintendent for approval each school year and/or whenever the Owner wishes to use a different therapy animal.

Name of Owner: _____

Name of Handler (if different from Owner): _____

Owner address: _____

Handler address (if different from Owner): _____

Owner email: _____

Handler email (if different from Owner): _____

Building(s) where animal will be used: _____

Please describe, in detail, what the animal will do at the school. _____

Date: _____

Owner Phone Number: _____

Handler Phone Number: _____

Name of Therapy Animal: _____

Please attach the following to this form:

Proof of registration as a therapy animal handler with the individual animal to be used (*Note: Such registration shall be from an organization that requires an evaluation of the therapy animal and handler prior to registration and at least every two years*)

Proof from a licensed veterinarian that the therapy animal is in good health and has been immunized against diseases common to the particular animal. Such vaccinations shall be kept current and up to date at all times.

Proof of licensure from the local licensing authority.

Copy of an insurance policy that provides liability coverage for the work of the handler and therapy animal while the two are on school district property.

Owner's Signature: _____

Date: _____

Handler's Signature (if different from Owner): _____

Date: _____

Superintendent's Signature: _____

Date: _____