

ANIMALS IN DISTRICT FACILITIES

The following information is required for student/staff to have a service animal accompany him/her to school/work.

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

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

3. Describe the manner in which the service animal will meet the student's/employee's individual needs: _____

4. Insurance company insuring the service animal: _____
Attached proof of insurance: Received Not Received
5. Agent name and address: _____
6. Phone number: _____
7. Proof of current and proper vaccinations: Received Not Received
8. Documentation of Public Access Test (PAT): Received Not Received
9. Name of trainer or organization who administered the PAT: _____

10. Address of trainer or organization: _____
11. Phone number of trainer or organization: _____
12. List and attach any letters or other documentation from medical providers or other service providers regarding the student's/employee's need for the service animal: _____
 Received Not Received
13. Has the student/employee 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? _____
14. Is the student/employee able to independently care for the service animal's needs (i.e., bathroom, feeding, cleaning up messes, hygiene, etc.) Yes No