



Animals in District Facilities

Please provide the following information about the assistance animal.

1. Owner's 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 nature of the work or task the assistance animal is trained, or is being trained to do or perform to meet the student's/staff individual needs:

The 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.