

REQUEST FORM FOR THERAPY DOG

NEPN/NSBA Code: IMGB-E

Name: _____ Grade: _____

Dog's name: _____ Age: _____ Weight: _____ Breed: _____

Veterinarian Records – shots and immunizations:

Training/Certifications:

Rational/Purpose of Therapy Dog:

Monitoring the Therapy Dog: When the school is requested to allow a therapy dog on school property, the school may use the following checklist to determine if the animal should be allowed to remain on school property. If any of the questions are answered in the negative, the school may deny the animal access to school property.

OBSERVATION:	YES	NO
Animal is clean, well-groomed and does not have an offensive odor		
Animal does not urinate or defecate in inappropriate locations		
Animal does not solicit attention, visit or annoy any other student or employee		
Animal does not vocalize unnecessarily (bark, growl, whine, etc.)		
Animal shows no aggression or hostility		
Animal does not solicit or take food or other items		
Animal is in good health		
Animal is certified and trained		
Animal can obey basic commands (sit, lie, stay, etc.)		

Supervisor Signature: _____ Approved: _____. Disapproved: _____

Principal Signature: _____

Superintendent Signature: _____