

**POLICY TITLE: Facility Therapy Dog  
Request Form and Agreement**

**POLICY NO: 972F1  
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Board Policy 972 governs the use of therapy dogs in schools. Requests for therapy dogs shall be submitted to the Superintendent or Superintendent's designee for approval each school year and/or whenever the handler wishes to use a different therapy dog.

Name of Handler: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Name of Dog: \_\_\_\_\_ Breed: \_\_\_\_\_  
Handler's and Dog's Certification Date: \_\_\_\_\_  
Name of Certifying Organization: \_\_\_\_\_

School(s) where therapy dog will be used: \_\_\_\_\_  
Please describe, in detail, what the dog will do at school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach the following to this form:

- Proof of registration as a therapy dog handler with the individual therapy dog to be used (Note: Such registration shall be from an organization that requires an evaluation of the therapy dog and handler prior to registration and at least every two years).
- Proof from a licensed veterinarian that the therapy dog is in good health and has been immunized against diseases common to dogs. Such vaccinations shall be kept current and up to date at all times.
- Proof of licensure from the local dog licensing authority.
- Copy of an insurance policy that provides liability coverage for the work of the handler and therapy dog while the two are on school district property.

**By submitting this application and signing this form, Handler acknowledges that he/she has read Wendell School District Policy 972, agrees to abide by said policy, and agrees to assume full responsibility and liability for any damage to school property or injury to district staff, students or others in the school caused by the therapy dog, and to hold the Wendell School District harmless from any and all claims for personal injury or injury to property caused by the Handler's therapy dog.** In addition, Handler agrees to maintain all required certifications, licensures, vaccinations and insurance policies in force and effect for the entire school year for which permission is granted by the Wendell School District for the therapy dog to be on school district property. Handler understands and agrees that the Wendell School District may, at its sole discretion, revoke approval for the Handler and/or therapy dog to be on school district property due to any violation of Wendell School District Policy 972 or any other applicable school district policy.

Handler Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent (or Designee's Signature): \_\_\_\_\_ Date: \_\_\_\_\_



**ADOPTED:** November 16, 2021

**AMENDED:**