

STUDENT SURNAME		GIVEN NAME		DATE OF BIRTH (dd-mm-yyyy)	
ADDRESS				HOME PH #	
CITY	POSTAL CODE		NAME OF SCHOOL		
GRADE	PHYSICIAN			INSURANCE COMPANY	
PARENT/GUARDIAN NAME			CELL PH #		WORK PH #
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REASON FOR REQUESTING A CERTIFIED SERVICE DOG (Explain how you see a service dog being of benefit to your child and what needs will be met.)					
Length of time the student and service dog have worked together:					
<p>I/We acknowledge and understand that it is our responsibility to:</p> <ul style="list-style-type: none"> a) Provide a physician letter confirming the need for a service dog. <ul style="list-style-type: none"> i) Copy of the Service Dog Team Identification Card. ii) Up-to-date proof of vaccinations, licensing, and insurance. iii) Proof of adequate insurance. b) Assume financial responsibility for the Service Dog training, vet care, licensing, etc. c) Participate in a school case conference meeting to inform the principal of all relevant information that may affect our child, other students, staff, and/or visitors to the school. d) Assist the principal in communicating relevant information to the school community. e) Work cooperatively with school staff to make this accommodation a success. f) Organize or cooperate with the District to arrange appropriate transportation. g) Provide the required equipment and dog care items. h) Provide food, water, and "bio-breaks" to the Service Dog as required and remove and dispose of animal waste i) Remove the dog immediately from the school, should the service dog exhibit any unprovoked behaviors (biting, nipping, etc.) until the plan is re-evaluated. 					

I/we have read the above information and agree with the above conditions. Further, I/we give permission for information concerning the Service Dog to be shared with the school community.

Name of Parent/Guardian

Signature

Date