

### Service Animals in District Facilities

Please provide the following information about the service animal.

1. Parent/Staff and/or emergency contact information: \_\_\_\_\_  
\_\_\_\_\_
2. Type of service animal (breed, age, and history): \_\_\_\_\_  
\_\_\_\_\_
3. Insurance company insuring the service animal: \_\_\_\_\_  
Attached proof of insurance:  Received  Not Received
4. Agent name and address: \_\_\_\_\_
5. Phone number: \_\_\_\_\_

Proof of current and proper vaccinations:  Received  Not Received

Documentation of Public Access Test (PAT):  Received  Not Received

8. Name of trainer or organization who administered the PAT: \_\_\_\_\_  
\_\_\_\_\_
9. Address of trainer or organization: \_\_\_\_\_
10. Phone number of trainer or organization: \_\_\_\_\_
11. List and attach any letters or other documentation from medical providers or other service providers regarding the student's/staff's need for the service animal: \_\_\_\_\_  
 Received  Not Received
12. Has the student/staff member 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? \_\_\_\_\_

13. 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

14. Describe the manner in which the service animal will meet the student's/staff's individual needs:  
\_\_\_\_\_  
\_\_\_\_\_