

Concord School District
Request to use Therapy Dog in School

This policy governs the use of therapy dogs in schools. The request shall be submitted to the Superintendent or designee for approval each school year and/or whenever the handler wishes to use a different therapy dog. ("Handler" indicates the dog's owner, whether employee or non-employee.)

Name of handler _____ Date _____

Handler address _____ Handler phone number _____

Handler email _____ Name and breed of dog _____

School where the dog will be used _____

Please describe, in detail, what the dog will do at the school _____

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 employee or handler prior to registration and on-going evaluation as required for registration. It must remain current at all times.)*
- 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 all times.
- Proof of licensure from the local dog licensing authority.
- Copy of an insurance policy that provides liability coverage for the therapy dog while on school property, naming Concord School District as an additional insured on the policy.

Handler's signature _____ Date _____

Principal's signature _____ Date _____

Superintendent's (or designee's) signature _____ Date _____