**8425F**

## 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:

_____

_____