

## **Request for Use of a Therapy Dogs in School (6455F)**

Monroe 1 BOCES allows for approved therapy animals to be permitted in schools and other buildings for the benefit of students as outlined in Policy 6455 Therapy Dogs. Individuals who wish to bring a therapy animal to school must complete this request form and obtain approval from the building principal and District Superintendent/Designee prior to bringing any therapy animal on Monroe 1 BOCES property. This form must be completed and approved each school year in which an individual requests to bring a therapy animal to Monroe 1 BOCES.

### **OWNER/HANDLER INFORMATION:**

Owner/Handler Name:	
Owner/Handler Address:	
Owner/Handler Phone Number:	Owner/Handler Email Address:

### **THERAPY ANIMAL INFORMATION:**

Animal Name:	Animal DOB:
Animal Type/Breed:	
Animal Veterinarian (Address and Phone Number):	
School(s)/Building(s) Animal will be in:	
Name of Activity:	
Role of Animal in School (including dates/times/locations of activities):	
Provide a description of the direct connection to the academic program or demonstrated therapeutic purpose for having the therapy animal in school:	

### **REQUIRED THERAPY ANIMAL CERTIFICATION:**

American Kennel Club's Canine Good Citizen Certification	
Animal/Handler Certification Organization:	
Animal/Handler Certification Date:	Certification Renewal Date:

**REQUIRED DOCUMENTATION (to attach with this form):**

- Photo of therapy dog and handler;
- Copy of Owner/Animal certification for therapy duties;
- Animal vaccination records, and certification from veterinarian that animal is in good health and has been spayed or neutered;
- Proof of licensure from the local licensing authority (when applicable);
- Copy of insurance policy that provides liability coverage for the work of the Owner/Handler and therapy animal while the two are on school district property.

The Owner/Handler assumes full and sole responsibility and liability for any damage to school property or injury to others while on school property that is caused by the therapy animal.

\_\_\_\_\_  
Owner/Handler Signature

\_\_\_\_\_  
Date

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**For BOCES Use Only:**

Building Principal:      \_\_\_\_\_ Approves      \_\_\_\_\_ Denies

\_\_\_\_\_  
District Superintendent/Designee

\_\_\_\_\_  
Date