



Therapy Dogs in Schools: Agreement Administrative Procedure 1.B.195A

1.0 School Administration
1.B Students

This request is to be completed by the dog handler and submitted to the principal.

Date of Request:	
School:	
Handler's Name:	
Handler's Address:	
Phone Number(s):	
Volunteer or Staff Member:	
Type of Therapy Dog:	
Name of Therapy Dog:	
Age of Therapy Dog:	
The following documentation needs to be attached:	
	Certification for the animal and handler from a recognized Therapy Dog organization
	Current documentation that certifies the Therapy Dog is properly licensed
	Up-to-date record of all vaccinations and documentation stating Therapy Dog is in good health
	Proof of liability insurance

I have thoroughly read and understand the Evergreen School Division Administrative Procedure **1.B.195 Therapy Dogs in Schools**.

If this request is approved by the School's Principal, I will abide by all of the terms of the procedure. I understand that if my dog is out of control and his/her behaviour is not effectively controlled, or if my dog is not housebroken, or if my dog's behaviour interferes in the education of students and function of the school or if my dog poses a threat to the health or safety of others, my dog may be excluded or removed from school property. The decision to remove my dog is at the sole discretion of the Principal. I agree to be responsible for any and all damage to school and/or school division property, personal property and any injuries to individuals caused by my dog.

I agree to indemnify, defend, and hold harmless Evergreen School Division and its schools from and against any and all claims, actions, suits, judgements and demands brought by any party arising on account of, or in connection with, any activity of or damage caused by my dog.

Handler's Signature: _____

Date: _____