

Request for Certified Service Animal/Therapy Animal

Student Information	
Student's Last Name:	Student's First name:
Current Mailing Address:	
City/Town:	Postal Code/Province:
School:	

Parent Information	
Parent/Guardian's Last name:	Parent/Guardian's First name:
Parent/Guardian Contact Information:	
Home Phone:	Cell Phone:
Email address:	

Please provide responses to the following questions:

1. Reason for a Certified Service Animal/Therapy Dog:

2. Length of time the student and Certified Service Animal/Therapy Dog have worked together:

3. I/We understand that it is our responsibility to:



- 3.1 Provide the Principal with all required documentation, reports, and certificates in a timely manner:
 - 3.1.1 Physician letter confirming need for a Service Animal/Therapy Dog;
 - 3.1.2 Copy of Service Animal Team Identification Card;
 - 3.1.3 Up-to-date proof of vaccinations, licensing and insurance;
 - 3.1.4 Proof of adequate insurance;
 - 3.1.5 Work with the administrator to train school staff, bus driver(s) and students
 - 3.2 Assume financial responsibility for the Certified Service Animal's training, veterinary care, city license and other related costs;
 - 3.3 Participate in a school case conference to inform the principal of all relevant information that may affect your child, other students, staff, and/or visitors to the school;
 - 3.4 Assist the Principal to communicate relevant information to the school community;
 - 3.5 Work cooperatively with the school staff to ensure the accommodation for the Service Animal is successful;
 - 3.6 Work with Transportation Services to ensure successful transportation of your child and the Service Animal to school every day;
 - 3.7 Provide the required equipment and animal care items;
 - 3.8 Provide food, water, and "bio-breaks" to the Service Animal as required and
 - 3.9 Remove and dispose of animal waste in a safe and environmentally friendly manner.
4. I/We understand that if the Certified Service Animal/Therapy Dog exhibits any unprovoked behaviours (ie. Growling, scratching, nipping, biting, etc.) at school it will be removed until the plan is re-evaluated to ensure the safety of staff, students, and visitors.





5. I/We give permission for this information to be shared with the school community and agree to the notification of students and their families through letters.

6. I/We understand that the Principal shall preserve the confidentiality of all information received and shall not disclose the information except as provided for in the Freedom of Information and Protection of Privacy Act, the Education Act, or as otherwise required by law. The Principal shall use and disclose information with Board personnel as may be required for the performance of their duties including sharing information concerning the Service Animal/Therapy Dog with the school community.

7. I/We acknowledge having received, read and understand, Administrative Procedure 526 – Animals Supporting Inclusive Education.

_____ | _____
 Signature of Parent/Guardian | Date

For office use only	
Request for Certified Service Animal/Therapy Dog	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
Principal's Signature:	Date:

For office use only	
Request for Certified Service Animal/Therapy Dog	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
Director Learning Services Signature:	Date:

