

**Loup City Public Schools
THERAPY ANIMAL REQUEST FORM**

Date: _____ School Building: _____

Employee/Owner: _____

Type of Animal: _____ Name of Animal: _____

Is the animal certified? Yes No

Has the animal received any training or certification (such as AKC Canine Good Citizen)? Yes No

If yes, please provide details (attach any certifications or proof of training): _____

Is the animal current on all required immunizations and vaccinations?

Yes No

Does the animal have an ID that indicates it is a therapy animal?

Yes No

I have attached the following documentation:

- Proof of current licensure
- Proof of current vaccinations and immunizations from a licensed veterinarian
- Declaration page indicating adequate liability insurance coverage

I have read and understand the school district's Animal Policy. I will abide by the terms of that Policy. I understand that if the therapy animal is out of control, not housebroken, presents a threat to others in the school, or otherwise interferes with the educational process, the school district may exclude or remove my therapy animal from school district property.

I agree to be responsible for any damage to school property or injury to personnel, students, or others caused by the animal. I agree to indemnify, defend, and hold harmless the school district from and against any and all claims, actions, suits, judgments and demands brought by any party arising on account of, or in connection with, any activity of or damage caused by my therapy animal.

Owner Signature

Date

***** ***** **APPROVAL** ***** *****

School Official Signature

Date

Printed Name: _____

Title: _____

Note: This form is valid until the end of the current school year. It must be renewed prior to the start of each subsequent school year or whenever a different therapy animal will be used.