Loup City Public Schools

SERVICE ANIMAL REQUEST FORM

Pate: School Building:			
Name of Assisted Person:			
Assisted person is □ Staff □ Student □ Other			
Name of Animal Owner (if different than	above):		
Name of Animal Handler (if different tha	an above):		
Name of Animal:	Type of Animal:	□ Dog □ Miniature Horse	
If it is not readily apparent that the a questions:	nimal qualifies as a "service	animal," please answer the following	
Is use of the animal required because of	of a disability? □ Yes □ No		
What work or task has the service anima	al been trained to perform?		
I have read and understand the school understand that if the service animal is threat to others in the school, or fundamentated by reasonable modification its property.	s out of control, not housebro entally alters the nature of the s	ken, presents a direct and immediate service, program, or activity that cannot	
I agree to be responsible for any damag by the animal. I agree to indemnify, de- all claims, actions, suits, judgments and with, any activity of or damage caused I	fend, and hold harmless the so demands brought by any party	chool district from and against any and	
Owner Signature		Date	
Parent/Guardian Signature		Date	
Assisted Person's Signature		Date	
Handler Signature		Data	

Please	attach the following documentation:	
	Proof of current licensure	
	Proof of current vaccinations and immunizations from state and local law)	m a licensed veterinarian (as required by
APPR	OVAL	
School	Official Signature	Date
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 service animal will be used.