

Policy 606.3E1FC GUIDELINES FOR THE USE OF PROFESSIONAL THERAPY DOGS

All documentation to be filed in the building(s) in which the Professional Therapy Dogs owner works, and with the District Business Office

Professional Dog Owner _____

Professional Dog Handler(s) _____

Professional Therapy Dog _____

School(s) in which dog will be used _____

Dog and Handler's Certification Date _____

Name of Organization Certifying _____

Date for Re-certification _____

Emergency Contact Person and Phone Number for the Dog

1. _____

2. _____

Therapy Dog's Veterinarian and Phone No. _____

Dog's Date of Birth _____ Last Health Check _____

Annual Worm Check _____

Rabies Vaccination Date _____ Parvo/Distemper Date: _____

(Owner's Signature)