

Policy 606.3E2FC PROFESSIONAL THERAPY DOGS CHECKLIST OF INFORMATION IN BUILDING AND DISTRICT OFFICE BUSINESS OFFICE FILES

Professional Dog Owner _____

Professional Dog Handler(s) _____

Professional Therapy Dog _____

School(s) in which dog will be used _____

- Administrative Approval – A signed statement of the building administrator’s approval for use of the Professional Therapy Dog.
- Health Records – A copy of annual vaccinations and exams signed by the veterinarian, including a photocopy of Rabies certificate. It is expected that all owners will use year-round preventive medication for heartworm and external parasites.
- Public Access Test Documentation – A certificate certifying that the handler and dog both passed the Public Access Test must be provided.
- Current Certification – date: _____
- Proof of Insurance
- Eligible for \$50.00 monthly stipend for expenses incurred in feeding and caring for the professional therapy dog beginning _____ (date). All requirements above have been reviewed and approved by building administration annually.

Dog Owner’s Signature Date

Building Administrator’s Signature Date

Board Secretary’s Signature Date