



"To Build Knowledge and Skills for Success Today and Tomorrow"

File:

SERVICE DOG REQUEST FORM

Student Name: _____ School: _____

Parent/Guardian Name: _____

Mailing Address: _____

Service Dog Breed: _____ Name of Dog: _____

Please provide a brief description of the purpose or task the service dog will be providing:

I have read and understand the Meade School District Service Animal Policy. I will abide by the terms of this policy.

I understand my service dog may be excluded from district property if any of the following occur:

- 1) The service dog is not housebroken.
- 2) The service dog is not under the control of its authorized handler. The service dog must have a harness, leash or other tether, unless the handler is unable because of a disability to use a harness/leash, or other tether, or the use of a harness, leash, or other tether would interfere with the service animal's safe, effective use of work or tasks.
- 3) The service dog poses a direct threat to the health or safety of others that cannot be eliminated by reasonable accommodations/modifications.
- 4) The inclusion of the service dog represents a fundamental alteration to the learning environment.

I understand I am responsible for any and all damage to the school district property, personal property, and any injuries caused by my service dog. I also understand that the school district is not responsible for any costs related to our service dog. I agree to indemnify, defend and hold harmless the Meade 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 service dog.

The following documentation must be included with the request form:

1. Documentation of a diagnosed disability
2. Proof of annual vaccinations
3. Documentation of state and/or city licensure of dog
4. Verification that the dog has been spayed or neutered
5. Verification of placid temperament
6. Proof of current homeowner or renter liability coverage

Parent/Guardian Signature Date

Superintendent Signature Date