THERAPY DOGS IN SCHOOL

Policy Code **4203R**

Handler Name: _____

Handler Registration Identification: _____

Request Date: _____

Building/School Site Requested: _____

Grade/Department Requested: _____

Dog's Name: _____ **Dog's Age:** _____

Breed: _____ **Weight:** _____

Veterinarian Name/Phone Number:
_____ *Please attach veterinarian records of shots and immunizations to this form.*

Proof of licensure from their local dog licensing authority_____

Proof of registration as a therapy dog handler with each individual therapy dog they plan to bring to a school or facility owned by Buncombe County Schools_____

License Identification: _____

Licensing Authority: _____

Certifications:

_____

Training: _____

_____

Purpose of Therapy Dog: _____

THERAPY DOGS IN SCHOOL – Certification for Admittance to School Buildings

When the district is requested to allow a therapy dog on school property, the school building administrator or their designee may use the following checklist to determine if the animal should be allowed to remain on school property. If any of the questions are answered in the negative, the district may deny the animal access to school property.

Yes	No	
___	___	Animal is clean, well-groomed, and does not have an offensive odor.
___	___	Animal does not urinate or defecate in inappropriate locations.
___	___	Animal does not solicit attention, visit or annoy any other students or employees.
___	___	Animal does not vocalize unnecessarily (bark, growl, whine, etc.).
___	___	Animal shows no aggression or hostility.
___	___	Animal does not solicit or take food or other items.
___	___	Animal is in good health.
___	___	Animal is certified and trained.
___	___	Animal can obey basic commands (sit, lie, stay, etc.).