

Policy 604.2-E1
Checklist of Documentation Required for Use of Professional Therapy Dogs

Please Print

Name of Professional Dog Owner: _____

Name of Professional Dog Handler: _____

Name of Professional Therapy Dog: _____

Building in which therapy dog will work: _____

_____ **Administrative Approval:**

A signed statement reflecting administrator approval for use of a professional therapy dog.

_____ **Health Records:**

A copy of annual vaccinations and exams signed by a licensed veterinarian including a photocopy of the rabies certificate. *It is expected that all owners/handlers will use year-round preventative medication for heartworm/external parasites.*

- Rabies, five-way Parvo/Distemper, and Bordetella vaccinations
- Comprehensive wormer or fecal check
- External parasite control (*Frontline Plus is recommended*)

Note: for dogs less than one year of age or receiving their first Parvo/Distemper and rabies vaccination, follow-up vaccines will take place in one year. For all other dogs, these vaccinations will take place every three years.

_____ **Public Access Test:** Certificate verifying the owner/handler and dog have passed.

_____ **Current Certification Date:** _____

Signature of Professional Dog Owner/Handler

Date Signed

Signature of Building Administrator

Date Signed

Signature of Executive Director of Student Services

Date Signed