

# APPENDIX A

## PARENT/GUARDIAN REQUEST FOR A SERVICE DOG

---

Student Surname: \_\_\_\_\_ Student Given Name: \_\_\_\_\_ Date of Birth  
\_\_\_\_\_

School: \_\_\_\_\_ Grade (choose) \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Physician: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

As parent/guardian of the above named student, I/we request that the student be allowed to use a service dog at school and at school-related activities.

### REASON FOR REQUESTING A CERTIFIED SERVICE DOG

The service dog will provide the student with the following assistance: (attach documentation as necessary)

Length of time the student and service dog have worked together.

Duration of the requested support?

Additional information that will assist the principal (e.g. safety, behaviour, or temperament of the dog).

**Documentation submitted with this request:**

A letter outlining the benefits of having the service dog attend with their child, descriptions of the services dog's intended activities and the duration of the support.
A letter from a physician confirming that the student's need for the use of a service dog in school is essential and directly related to the learning needs of the student.
A copy of the Service Dog Team Identification Card issued by the Government of Alberta.
Up-to-date proof of vaccinations, licensing and insurance. This must be done annually if the dog is accepted in the school to ensure continued eligibility.
Copy of training certification of individual responsible for the dog and trainer's certification.

**Request Approved:** \_\_\_\_\_  
*Signature of Principal*

**Request Not Approved:** \_\_\_\_\_  
*Signature of Principal*

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Superintendent*

\_\_\_\_\_  
*Signature of Superintendent*

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**I / We acknowledge and understand that it is our responsibility to:**

- a) Provide the principal with all required documentation, reports, certificates including:
  - i. Physician letter confirming need for a service dog
  - ii. Copy of the Service Dog Team Identification Card.
  - iii. Up-to-date proof of vaccinations, licensing, insurance.
- b) Assume financial responsibility for the Service Dog training, vet care, licensing, etc.
- c) Participate in a school case conference meeting to inform the principal of all relevant information that may affect our child, other students, staff and/or visitors to the school.
- d) Assist the principal to communicate relevant information to the school community.
- e) Work cooperatively with school staff to make this accommodation a success.
- f) Organize or cooperate with the District to arrange appropriate transportation.
- g) Provide the required equipment and dog care items.
- h) Provide food, water, kennel and "bio-breaks" to the service dog as required and remove and dispose of animal waste.
- i) Remove the dog immediately from the school, should the service dog exhibit any unprovoked behaviours (biting, nipping, etc.) until the plan is re-evaluated.

**I/We have read the above information and agree with the above conditions. Further, I/we give permission for information concerning the service dog to be shared with the school community.**

Signature of Parent(s) or Guardian(s)

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

FOIP: This personal information is collected under Alberta's Freedom of Information and Protection of Privacy Act and will be used for such purposes.

# APPENDIX B

## MANAGEMENT PLAN FOR THE CARE OF THE SERVICE DOG

---

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

School: \_\_\_\_\_

School Year: \_\_\_\_\_

Name of Dog: \_\_\_\_\_

Name(s) of individual(s) responsible for the implementation of the Management Plan for the care of the Service Dog:
1)
2)
3)

*Note: Responsibility for care of the dog rests with the individual(s) listed above, **not** Livingstone Range School District Staff.*

**WATER NEEDS / DIETARY NEEDS:** (e.g. provision of food or water bowl, procedures for use, cleaning, etc.)

--

**BLADDER/BOWEL NEEDS OF DOG** (e.g. frequency, location, disposal, etc.)

--

Other Considerations	Response
1. Rest periods away from "work":	
2. Hot Weather:	
3. Winter Weather:	
4. Additional Considerations:	

Parent/Guardian or Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Person(s) responsible for the care of dog: \_\_\_\_\_ Date: \_\_\_\_\_

Principal / Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_