

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** Elk Island Catholic School Separate School Division Staff.*

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

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

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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: _____