



**SNOHOMISH
SCHOOL
DISTRICT**

Therapy Dog or Cat Proposal Form

This form is to be filled out prior and sent to the school administrator along prior to meeting and acknowledges that the Board policy and procedures have been read.

The intended purpose and intended outcomes for the animals visit, the educational goals that will be achieved by the therapy animals' presence, and how equity of the opportunities with the therapy dog or cat will be addressed:

Proposed Activity: _____

Dates and Frequency of Visits: _____

Sponsoring Staff Member or Handler: _____

Phone contact: _____

Supporting Organization for Certification: _____

I have read and understand the Snohomish School District policy and procedure for therapy dogs in schools.

Signature _____ Printed name _____

Date _____

School Administrators Approval _____ Date _____