

Therapy Dog or Cat Application Form

This form is to apply for approval to use therapy dogs or cats in the Snohomish School District. The form must be submitted to the Superintendent or designee prior to bringing a therapy animal on District property. Approval must be granted prior to the implementation of the program.

Name	2:
Addre	2SS:
Telep	hone Number:
Propo	osed Activity:
Dates	and Frequency of Visits:
Date '	Volunteer Status was Approved:
• •	orting Organization for Gration:
Please	e Include the following:
	Therapy Dog or Cat Proposal Form (signed by administrator)
	A Copy of your Therapy Dog or Cat Certification by an authorized agency listed on 2030P
	Proof of Insurance Provided by the Certifying Agency
	A copy of the dog or cat's fecal test results
	e read and understand the Snohomish School District policy and procedure for Therapy Dogs ts in schools.
Signa	turePrinted name
Date	
Super	rintendent or Designee's Approval Signature:
Date _	

* Therapy Cats are only allowed in after school programs