



## Service Animal Request Form

Name of Employee: \_\_\_\_\_

Work Site: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Name of Service Animal: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_

Work or task service animal is trained to perform: \_\_\_\_\_

### Documentation to be submitted with request:

- ☐ Completed ADA medical certification form ([HUM-F067](#))
- ☐ Veterinarian's certification regarding service animal (see page 3 below)
- ☐ Proof of county/city animal license (if applicable)
- ☐ Copy of service animal's training certification with a recognized training center

I understand that it is my responsibility to:

- transport or walk the animal to and from the work site
- provide the required equipment and animal care items
- assume financial responsibility for the animal's training, veterinary care, & other costs
- attend to the daily care needs of the animal
- work cooperatively with the staff and/or students to make the accommodation a success
- assist the supervisor to communicate relevant information to staff and/or students
- provide the Human Resources Department and/or supervisor with required documentation in a timely fashion and inform the supervisor of all relevant information that may affect staff and/or students at the work site.

I understand that as the owner of the service animal is not covered under the District's liability insurance, it is suggested that I get coverage from my own personal liability insurance policy. I understand that as the owner of the service animal I am solely liable for any damage to persons, property, or facilities caused by my service animal. I agree to hold the District harmless for any injury to the service animal unless the damage is the result of the gross negligence on the part of the District. In the case of liability due to gross negligence, damages are limited to property damage and veterinary costs.

I certify that all the statements in this request and any attached documents are true and accurate to the best of my knowledge and belief. I understand that false information may be grounds for denial or revocation.

I give permission for this information to be shared with the work site community as is needed.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date



**FOR OFFICE USE ONLY:**

Request Approved \_\_\_\_\_ Request Denied \_\_\_\_\_

\_\_\_\_\_  
CHRO (or designee)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Supervisor (or designee)

\_\_\_\_\_  
Date



## VETERINARIAN INFORMATION AND CERTIFICATION

Name of Veterinarian: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State and Zip Code

Telephone: \_\_\_\_\_

Name of Service Animal: \_\_\_\_\_

This is to certify that the service animal listed on this form is in good health, has been spayed or neutered, and is properly vaccinated.

- ☐ DHLPPC (Distemper, Hepatitis, Leptospirosis, Parainfluenza, Parvo, Corona)
- ☐ Bordetella
- ☐ Rabies

**Please attach a copy of the vaccination record, dated within the last year.**

\_\_\_\_\_  
Signature of Veterinarian

\_\_\_\_\_  
Date