

_____ Owner Name
 _____ Building
 _____ Pet Name
 _____ Breed of Dog



Congratulations!

Thank you for agreeing to be a therapy dog owner for the Ogdensburg City School District. We look forward to working with you and your dogs!

Below you will find the minimum requirements per our Board approved policy. As the therapy dog owner and party who is solely responsible for the therapy dog, you will be required to provide proof of the following on an annual basis. Copies of this checklist along with the attached documentation will be kept in the office of the Superintendent.

Documentation	Date Received
Current proof of required inoculations, vaccination and/or immunizations from a licensed veterinarian.	
Proof of health (such as a current certificate of health from a veterinarian)	
Proof of a physical and stool sample analysis.	
Valid Therapy Dog Certification (Must be accredited by Therapy Dogs International (TDI), American Kennel's Club (AKC) or a comparable authority as determined by the Superintendent.)	
A copy of the owner's current homeowner's policy, renter's policy, or policy from an organization with appropriate liability coverage relating to animal/pet ownership. (Minimum of \$1,000,000 personal liability and minimum of \$10,000 in medical payments to others)	

Your signature below serves as an acknowledgment that you have read and understand the District policy for therapy dogs and that you have provided all of the necessary documentation to bring your therapy dog to school. You also agree to work with your building administration to develop a plan for the dog's schedule and logistics (as outlined in the policy) during the work day.

Employee Signature: _____

Date: _____

Kevin Kendall, Superintendent of Schools: _____

Date: _____