



**SWEETWATER COUNTY  
SCHOOL DISTRICT #1**

## Agenda Item 14-a

Exhibit EBBAB-E (Service Animal Request Form)

~~Service Animal Access Request Checklist~~  
**SERVICE ANIMAL REQUEST FORM – STUDENT**

**Student:** \_\_\_\_\_

**Legal Parent/Guardian Signature** \_\_\_\_\_

**School:** \_\_\_\_\_

**Date:** \_\_\_\_\_

CONSIDERATION	COMMENTS	YES	NO
<p><b>1. Is the animal a “trained service animal.”</b></p>	<p><b>Identify type of service animal</b></p> <p>A “trained service animal” can be called a:</p> <p><b>hearing animal</b>  <b>guide animal</b>  <b>assistance animal</b>  <b>seizure alert animal</b>  <b>mobility animal</b>  <b>psychiatric service animal</b>  <b>autism service animal</b></p>		

<p><b>2. Does the animal have a current health certificate?</b></p>	<p><b>Certificate from veterinarian must be provided.</b></p>		
<p><b>3. Are the animal and its primary handler certified for public access?</b></p>	<p><b>Certificate from ADI member organization must be provided. If a school employee serves as the primary handler during school hours, that employee will need to be properly trained.</b></p>		
<p><b>4. Does the animal meet all the minimum standards for a service animal?</b></p>	<p><b>Based on observation: i. Animal is clean, well-groomed and does not have an offensive odor; ii. Animal does not urinate or defecate in inappropriate locations; iii. Animal does not solicit attention, visit or annoy any member of the general public; iv. Animal does not vocalize unnecessarily, i.e., barking, growling or whining, v. Animal shows no aggression towards people or other animals, and vi. Animal does not solicit or steal food or other items from the general public.</b></p>		
<p><b>5. Does the animal perform task(s) or function(s) that mitigate the student's disability?</b></p>	<p><b>Identify task(s) or function(s):</b></p> <p><b>A medical professional must have confirmed the student's disability and need for a service animal?</b></p>		
<p><b>6. If the primary handler is not the student, is the handler otherwise qualified to be on school property?</b></p>	<p><b>Consider primary handler's criminal history background, relevant court orders, and permission of legal parent/guardian.</b></p>		

Student: \_\_\_\_\_

School: \_\_\_\_\_

Date: \_\_\_\_\_

**1. Type of Animal (check one):**

a. Dog \_\_\_\_\_ (list breed) \_\_\_\_\_

b. Miniature Horse \_\_\_\_\_

c. Other (describe) \_\_\_\_\_

**2. Handler Name and Contact Information (if other than student):** \_\_\_\_\_

\_\_\_\_\_

**3. If not obvious, please list the tasks or work that the animal has been trained to perform (attach another page if necessary):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Does the Student have an IEP? Yes \_\_\_\_\_ No \_\_\_\_\_ ; A 504 Plan? Yes \_\_\_\_\_ No \_\_\_\_\_**

**WYOMING LAW PROVIDES THAT ANY PERSON WHO KNOWINGLY AND INTENTIONALLY MISREPRESENTS THAT AN ANIMAL IS A SERVICE ANIMAL MAY BE GUILTY OF A MISDEMEANOR AND MAY BE FINED CRIMINAL PENALTIES UP TO SEVEN HUNDRED FIFTY DOLLARS (\$750.00). Wyo. Stat. § 35-13-203.**

~~By signing below, I acknowledge that the District is not liable for any damage to District or personal property or any injuries to individuals caused by the service animal and agree to hold the District harmless and indemnify the District from any such damages.~~ I certify that the service animal described above is (1) required because of a disability and (2) has been trained to perform the tasks listed above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Attach current veterinary records and return to the Director of Human Resources, 3550 Foothill Boulevard, Rock Springs, Wyoming 82901.

File: EBBAB-E

SERVICE ANIMAL REQUEST FORM - EMPLOYEE

Name: \_\_\_\_\_

School/Facility Assigned: \_\_\_\_\_

Date: \_\_\_\_\_

5. Type of Animal (check one):

a. Dog \_\_\_\_\_ (list breed) \_\_\_\_\_

b. Miniature Horse \_\_\_\_\_

c. Other (describe) \_\_\_\_\_

6. If not obvious, please list the tasks or work that the animal has been trained to perform (attach another page if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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