

**NEW ALBANY FLOYD COUNTY
SCHOOLS**



"STUDENT CENTERED - FUTURE FOCUSED"

**THERAPY DOG AGREEMENT
AND APPLICATION**

ADMINISTRATIVE PROTOCOLS/GUIDELINES FOR POLICY 8390 ANIMALS ON SCHOOL PROPERTY/THERAPY DOGS

In order for a Therapy Animal to be admitted to a New Albany Floyd County School Corporation Building, the Owner must agree to meet the following requirements and have an approved application on file.

The Owner of the Therapy Animal will:

- Represent/Verify that he or she is the legal owner of the animal;
- Provide evidence that the animal has completed therapy animal training by *an AKC Recognized Therapy Dog Organization*.
- Provide proof of liability insurance with a minimum limit of \$1,000,000 adding New Albany Floyd County Schools as an additional insured on a primary and noncontributory basis.
- Provide immunization/shot records to ensure they are up to date;
- Represent/Attest that the animal has a good temperament, does not have any behavioral issues, and has not had any instances of aggression or hostility towards other animals or people;
- Be responsible for any building/property maintenance that arises due to the animal's presence (i.e., cleaning the area where the animal is housed, ensuring the cleanliness of the kennel and bedding, removal of feces from school grounds, etc.);
- Guarantee that the animal will be healthy and well-groomed;
- Monitor all interactions with the animal to ensure the safety of others;
- Be responsible for knowing when the animal may be getting tired, stressed, thirsty, or has the need to relieve itself;
- Ensure if the animal is displaying warning signs the owner will immediately remove the animal from the classroom, interaction or event;
- Agree to defend and indemnify New Albany Floyd County School Corporation and its Board, administration, directors, employees, and agents from any claims, demands, suits, losses, or expenses, including attorney fees, arising out of any damage, including to person or property caused by the animal during the term of this agreement.

NAFCS THERAPY ANIMAL APPLICATION FOR DISTRICT SPONSORED ACTIVITIES

- *Please fill out this application in its entirety and return it along with required documents to : NAFCS Chief Operations Officer @ 2813 Grant Line Road, New Albany IN, 47150
- We will follow-up on the status of your application once all documents are received.
- Please be aware the therapy animal cannot be present at any School District Activity until this form has been submitted and the animal has been approved.

Name of Owner _____

Name of Animal _____

Type (Breed) of Animal (Hypoallergenic Preferred):

- The Owner has read the NAFCS Therapy Animal Agreement for District activities in its entirety and understands the terms and is able to meet all requirements.

Owner Initials: _____

- The Owner has provided proof of therapy animal training, shot records, and proof of liability insurance.

Owner Initials: _____

Signature of Owner _____

Date: _____

**Note: NAFCS has the right to end this agreement at any time.*

For Office Use Only:

APPROVED OR DENIED (CIRCLE)

Affix Photo Here of Approved Animal

Signature/Title of Approver

Date