



**Noblesville Schools**  
**Application for Therapy Dogs**

**OWNER INFORMATION:**

Name of Therapy Dog Owner \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Job Title \_\_\_\_\_

*\* Note: Only certified/licensed individuals are permitted to use professional therapy dogs. **You must submit a current American Kennel Club's Canine Good Citizen Certification** (or its equivalent) as determined by the office of Student Services. Students are not permitted to use therapy animals, companion animals, or emotional support animals.*

**THERAPY DOG INFORMATION:**

Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ Age (years/months) \_\_\_\_\_  
How long has this dog been certified as a Therapy Dog (years/months) \_\_\_\_\_  
Has this dog ever bitten a person or another dog? Yes \_\_\_\_\_ No \_\_\_\_\_  
*If yes, please attach a sheet with an explanation of the event(s).*  
Is this dog current on its visit to the veterinarian/shots and in good physical/emotional health?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Veterinarian Name \_\_\_\_\_ Veterinarian Phone \_\_\_\_\_  
Do the Therapy Dog and owner have proof of licensure from a local licensing authority?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Organization's Name \_\_\_\_\_ Evaluator's Name \_\_\_\_\_  
Phone number \_\_\_\_\_

**SCHOOL INFORMATION:**

School/Building \_\_\_\_\_  
Describe the activities and outcomes planned for this therapy dog session as part of the lesson plan and student learning process. Please be specific  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Guidelines:**

- The handler must follow all requirements as stated in the Therapy Dogs Policy 8390.02.
- The therapy dog must be under control of the owner at all times.
- The therapy dog must not disrupt the educational process by barking, seeking attention, or any other disruptive behavior.
- The therapy dog must not pose a health and/or safety risk to any student, employee, or other person at school.
- If the therapy dog becomes aggressive or poses a threat to others, the Director of Student Services must be informed immediately. The application approval may be reconsidered.
- The owner is solely responsible for the supervision and care of the therapy dog, including toileting (clean-up and proper disposal of waste), feeding, watering, etc.

- The owner will not allow the therapy dog outside of designated (approved) areas.
- Transportation of the therapy dog to and from school is the responsibility of the owner. Therapy dogs are not permitted in/on school-owned or leased vehicles.
- If a student or school employee assigned to a classroom or area in which a therapy dog is permitted suffers an allergic reaction to the therapy dog, the owner will be required to IMMEDIATELY remove the animal to a different location designated by an administrator.
- The owner is solely responsible and liable for any damage to school property or injury or harm to personnel, students, or others, or property, caused by the therapy dog. The owner may be charged for damage, injury or harm caused by the therapy dog.

**Please provide the following documents with this application:**

- American Kennel Club Certification
- Current Licensure and Testing Documents
- Veterinarian Health Certificate and shot records
- Proof of Liability Insurance (\$1,000,000 minimum)

**Applicant:**

By signing below, I am asserting that the information provided in this application and the attached forms are true and accurate to the best of my knowledge. I am also agreeing to follow all of the  
Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Building Principal**

By signing below, I am agreeing to allow the handler to bring the therapy dog into my school building as outlined in this application.

Building Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*PLEASE SUBMIT THIS COMPLETED FORM ALONG WITH THE REQUIRED DOCUMENTS TO NOBLESVILLE SCHOOLS - EXECUTIVE DIRECTOR OF STUDENT SERVICES, Julie Thacker at [julie\\_thacker@nobl.k12.in.us](mailto:julie_thacker@nobl.k12.in.us).**

***For Office Use Only:***

***Approved*** \_\_\_\_\_ ***Denied*** \_\_\_\_\_

***Printed Name*** \_\_\_\_\_

***Signature*** \_\_\_\_\_

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