

REQUEST TO BE ACCOMPANIED BY A SERVICE ANIMAL

When a student's or employee's disability requires the presence of a service animal in a Board owned, controlled, or leased Baltimore County Public Schools (BCPS) property, or vehicle during the school/work day, this form is required to be submitted annually.

Date: _____

Student/Employee Name: _____

Location/School: _____

Is this service animal required because of a disability? Yes No

What work or task(s) has the service animal been trained to perform? Describe below:

Does the service animal have current vaccinations and current veterinary health certificate?

Yes No

Attach documentation of documents

Name of Service Animal:

Type of Service Animal:

Approved by:

Title:

Students should submit this Request to the Office of Student Support Services. Employees should submit their request to the Office of Equal Employment Opportunity, along with accommodation request forms that can be obtained by contacting the Office of Equal Employment Opportunity or visiting its website. Completed Request forms should be maintained in the student's cumulative file or for employees, maintained in files in the Office of Equal Employment Opportunity, whichever is applicable.

(Agreement page to follow)

SERVICE ANIMAL AGREEMENT

1. I have read and understand BCPS's Service Animal procedures and I agree to abide by its provisions.
2. I understand and agree BCPS may exclude my service animal if: (a) the service animal is out of control and the service animal's handler does not take effective action to control it; (b) the service animal is not housebroken; (c) the owner/handler fails to submit proof of current vaccinations, or (d) the service animal poses a direct threat to the health and safety of others.
3. I understand and agree as the owner/handler, I am solely responsible for supervision and care of the service animal. I am responsible for any and all damage to property or injuries to persons caused by my service animal.

STUDENT

EMPLOYEE

SIGNATURES

STUDENT/EMPLOYEE:

Date:

PARENT OF STUDENT:

Date: