## BROWARD COUNTY PUBLIC SCHOOLS REQUEST FOR USE OF SERVICE ANIMAL IN SCHOOL DISTRICT FACILITIES

All requests for individuals (Student/Employee) with disabilities to be accompanied by a service animal in a school district facility (classrooms, school buildings, work locations and administrative sites) must be addressed in writing through this request/application and delivered to the Section 504 Liaison of the school where the request is being made, (if applicant is a Student) or to the Executive Director, Benefits & EEO Compliance (if applicant is an Employee) along with all required documentation. This request/application must be delivered at least fifteen (15) school days prior to bringing the service animal to a school district facility.

Name:	
Address:	
Phone number:	
Student Employee:	
School/Department:	
Name of the activity/function to be attended	
Date of the activity/function:  Location of the activity/function:	
Please respond to the following question  1. Please identify the type of service a	
Dog Miniature Hor	rse
e de la companya de l	m task(s) or function(s) that mitigate the
Yes No	· •
Please explain:	

- 3. Does the service animal meet all of the minimum standards for a service dog?
- It is clean, well-groomed does not have an offensive odor
- Does not urinate or defecate in inappropriate locations
- Does not solicit attention, visit or annoy any member of the general public
- Does not vocalize unnecessarily, i.e., barking, growling or whining
- It shows no aggression towards people or other animals
- Does not solicit or steal food or other items from the general public

Yes _	No	
4.		ot the individual (Student/Employee) with a disability, and passed a Level II background screening?
Yes _	No	
5.	(if applicant is a Student Education Program (IEP) or	) Does the Student have a current Individualized a Section 504 Plan?
Section	on 504 Plan: Yes	No
IEP:	Yes	No
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- 6. Please attach the following documentation:
- Service Animal (Dog)

A health certificate or report of examination from a veterinarian licensed in the State of Florida. The certificate/report must indicate that the following vaccinations, (Distemper, Hepatitis, Leptospirosis, Parainfluenza, Parvovirus (DHLPP)), Bordetella, Roundworms, Hookworms and Rabies, had been secured and that the service animal has a vaccination license and is free of disease.

Service Animal (Miniature horse)

A health certificate or report of examination from a veterinarian licensed in the State of Florida. The certificate/report must indicate that the following vaccinations, Rabies, Tetanus, Encephelomyelitis, West Nile Virus, Rhinoneumonitis, Influenza, and Strangles), had been secured and that the service animal has a vaccination license and is free of disease.

- Proof that the Service Animal is covered by adequate liability insurance.
- (If primary handler is not the individual with a disability Student/Employee) proof of completion and passing of Level II Background Screening Clearance

Please attach any additional relevant documents which you believe may assist us in processing this request/application.

## If applicant is a Student, please forward your request to: Section 504 Liaison of the school where the student attends

For any questions, please contact the Section 504 District liaison at:

Phone: 754-321-2460 TTY: 754-321-2158

If applicant is an Employee, please mail your request to: Executive Director, Benefits & EEO Compliance 600 S.E Third Avenue, 14<sup>th</sup> Floor Fort Lauderdale, Florida 33301

For any questions, please contact the Department of Equal Educational Opportunities (EEO) at:

Phone: 754-321-2150 TTY: 754-321-2158