

**Checklist of Documentation Required for Use of Professional Therapy Dogs**

*Please Print*

Name of Professional Dog Owner: \_\_\_\_\_

Name of Professional Dog Handler: \_\_\_\_\_

Name of Professional Therapy Dog: \_\_\_\_\_

Building in which therapy dog will work: \_\_\_\_\_

\_\_\_\_\_ **Administrative Approval:**

A signed statement reflecting administrator approval for use of a professional therapy dog.

\_\_\_\_\_ **Health Records:**

A copy of annual vaccinations and exams signed by a licensed veterinarian including a photocopy of the rabies certificate. *It is expected that all owners/handlers will use year-round preventative medication for heartworm/external parasites.*

Rabies, five-way Parvo/Distemper, and Bordetella vaccinations

Comprehensive wormer or fecal check

External parasite control (*Frontline Plus is recommended*)

*Note: for dogs less than one year of age, or receiving their first Parvo/Distemper and rabies vaccination, follow-up vaccines will take place in one year. For all other dogs, these vaccinations will take place every three years.*

\_\_\_\_\_ **Public Access Test:** Certificate verifying the owner/handler and dog have passed.

\_\_\_\_\_ **Current Certification Date:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Professional Dog Owner/Handler

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

\_\_\_\_\_  
Signature of Superintendent or Designee

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