



Approval for Service Animals in Training Brought to School

Today's Date

PERSONAL INFORMATION

First Name

Last Name

Email Address

Phone Number:



Certified Service Animal IN TRAINING

For which school are you requesting approval?

Are you an SRVUSD employee?

Yes

No

I have read [AR 6163.2](#)

[Click here](#) to download and read.

Yes

Please submit the completed form to the Student Services - hburrows@srvusd.net



Certified Service Animal In Training



Name of Apprentice or Volunteer
service Animal Trainer

Age of the Apprentice or Volunteer/Trainer

Service Animal in Training Name

Does your service animal in training currently have and wear an approved ID Tag?	Yes No
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I understand that I must provide information from a training certification agency establishing the individualized training of my animal and ability of my animal to be in public places.	Yes
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I understand that I must provide proof, in writing, that the apprentice/handler has received proper individualized training and/ or certification to handle, control, train and supervise the animal.	Yes
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Liability Waiver and Understanding	Yes
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I understand that I, as the owner/
handler (or parent/guardian of a handler
under the age of 18) of the service animal in
training I am liable for any harm or injury
caused by the service animal in training to
other students, staff, visitors, and or
property. (Civil Code 54.2) [Click here](#) to
download and complete the waiver form.

Vaccinations Certification

Yes

I understand that I must provide proof of current vaccinations and immunizations. (applicable to dogs, cats, and other large animals).

Liability Insurance Requirement

Yes

I understand that if permission is granted I must provide a certificate of insurance naming the San Ramon Valley Unified School District and its Board members as additional insureds and provide the District with a minimum of one million dollars (\$1,000,000) of liability insurance per [AR 6163.2\(f\) item IV](#) stipulations.

I verify that the above information is true and correct to the best of my knowledge and belief.

Signature _____

Upon completion, please print and sign the application form. Please email a copy to the Student Services Department hburrows@srvusd.net.
