

**Kennewick School District No. 17  
MANAGEMENT PLAN FOR THE CARE OF THE SERVICE ANIMAL**

Name of Student/Staff who will be using the Service Animal:

\_\_\_\_\_

Date: \_\_\_\_\_ Name of Animal: \_\_\_\_\_

Type of Animal: \_\_\_\_\_ School/Site: \_\_\_\_\_

Name(s) of Individual(s) responsible for the implementation of the management plan for the care of the service animal:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

NOTE: Responsibility for care of the animal rests 100% with the individual(s) listed above, not Kennewick School District staff.

Water Needs: (e.g. provision of water bowl, procedures for use, cleaning, etc.) \_\_\_\_\_

\_\_\_\_\_

Dietary Needs Procedure: \_\_\_\_\_

\_\_\_\_\_

Bladder/Bowel Needs of Animal: (e.g. frequency, location, disposal, etc.) \_\_\_\_\_

\_\_\_\_\_

Other Considerations:

1. Rest Periods from "Work" \_\_\_\_\_

2. Hot Weather \_\_\_\_\_

3. Winter Weather \_\_\_\_\_

4. Additional Considerations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian or Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Individual(s) Responsible for Care of the Animal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal/Supervisor

\_\_\_\_\_  
Date