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