

**Richland School District
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 Richland 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