Michigan State University

College of Human Medicine

Request to Bring Therapy Dog into MSU Facility

College of Human Medicine Policy/Procedure ADM-9 governs the use of therapy dogs in MSU-CHM facilities. Submit this form to the Associate Dean for Student Affairs for approval for *each* academic year or when the owner/handler wants to bring a different therapy dog into a building.

Name of Handler: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Handler E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Handler phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of dog: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What building would the dog be brought into?

What areas of the building or rooms are you requesting access for?

What date(s), days of the week, and time would the dog be present?

Please describe in detail what the dog will do:

Attach to this form:

* Documentation of the training that the therapy dog has received, the date of training,

 and the name of the organization or individual who conducted the training.

* Documentation from a licensed veterinarian that the dog is in good health and has been vaccinated against diseases common to dogs and as required by local jurisdiction
* Plan for providing biological breaks for the therapy dog and for disposal of waste.
* Plan for immediate removal of the therapy dog from the facility should an incident occur.
* Proof of a homeowners/renters insurance policy indicating liability insurance which will

cover personal injury or other harm caused by the therapy dog.

I have read and understand the policy regarding therapy dogs in CHM facilities. Should my request be granted, I will abide by all elements of the policy. I understand and assume full responsibility and liability for any damage to property or injury to fellow students, faculty or staff or anyone else in the building caused by the therapy dog.

Handler’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Approver’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_