

Policy for Use of Professional Therapy Dogs

Therapy Dogs on District Premises:

A therapy dog is permitted onto District premises, subject to this policy. For purposes of this policy, the term District premises refers to school buildings, vehicles, and all other District property. The District shall comply with all state and federal laws, regulations, and rules regarding the use of therapy dogs by staff or students under appropriate circumstances.

Role and Purpose:

Professional therapy dogs certified with their owner/handler provide affection, emotional support, comfort and companionship under the direction and control of a qualified handler who works with the dog as a team. This owner/handler is a professional educator who owns a therapy dog and has been trained and evaluated. Therapy dogs are not “service animals” as that term is used in the American with Disabilities Act, nor are they “emotional support animals” designated to work with an individual student. Professional therapy dogs are highly trained, model good behavior, and have a temperament that is suitable for interaction with students and others in a public school. Therapy dogs can be used to achieve specific physical, social, cognitive, and emotional goals with students. This work will support and positively influence student achievement at Clayton Ridge Community School District.

Definition, Certification, and Approval for the Use of Therapy Dogs:

Professional therapy dogs are trained, evaluated and registered to provide animal assisted therapy as well as animal assisted activities and interactions. Animal assisted activities and interaction as non goal-driven interactions where the specific content of the visit is meant to provide motivational, educational, and/or recreational activities that enhance the quality of life. Animal Assisted Therapy is a goal-driven intervention which is meant to improve physical, social, emotional, and or cognitive functioning of an individual.

Professional therapy dogs have passed a public access test administered by an organization recognized by the Clayton Ridge Community School District. This organization should require an evaluation of the therapy dog and handler/owner prior to registration and at least every two years. Furthermore, they shall remain in current and good standing at all times.

Professional therapy dogs are owned by a professional educator in the district who wishes to use a therapy dog to enhance their educational program. Professional therapy dogs may be used in school settings on a regular basis once the following documentation is in place:

- Administrative Approval: (Additional policy number here)
 - Use of a therapy dog must be approved by the building administrator in which the handler works as well as the superintendent. This documentation should be kept on file. Once the request is approved, a plan for dog visits shall be developed with the building administrator.
- Training and Registration:

- The owner/handler shall submit proof of registration as a therapy dog handler with the therapy dog he/she plans to bring to the school. Such registration shall be from Pet Partners, Alliance of Therapy Dogs, Therapy Dogs International, Intermountain Therapy Dog or such other therapy dog registering organization as determined by the superintendent. Furthermore, they shall remain in current and good standing at all times.
- Vaccination, Health, and Grooming Requirements: (Additional policy number here)
 - The therapy dog must be in good health and should receive an annual comprehensive check up.
 - The owner/handler must provide a record of annual vaccinations received by the therapy dog and signed by a licensed veterinarian. These records shall be kept on file.
 - The owner/handler will administer preventative parasite (flea and tick) control and heartworm medication year-round.
 - The therapy dog should be groomed and bathed regularly.
- Authorized Area(s):
 - The owner handler shall only allow the therapy dog to be in areas in school buildings or on school property that are authorized by the school district administrators.
- Allergies and Aversions
 - The owner/handler shall remove the therapy dog to a separate area as designated by the school administrator in such instances where any student or school employee who suffers dog allergies or aversions are present. The owner/handler will provide an appropriately sized crate for the dog along with an area for the dog to stay if an individual has allergies or emotional discomfort.
- Supervision and Care of Therapy Dog:
 - The owner/handler shall be solely responsible for the supervision and humane care of the therapy dog, including any feeding, exercising, and cleaning up after the therapy dog while the therapy dog is in a school building or on school property. The owner/handler will not leave the therapy dog unsupervised or alone on school property unless the dog is in a secure and designated location which will not be accessed by students. The school district is not responsible for providing any care, supervision, or assistance to the therapy dog.
- Transportation
 - The therapy dog will only be transported in private vehicles and will not be transported on school department vehicles.
- Training Students/Staff
 - The district will provide appropriate training for staff and students who may be interacting with therapy dogs.
- Procedures and Guidelines
 - Parents will be informed of the presence of a therapy dog in the school building to allow any concerns or questions to be raised.
 - The dog that is brought to a school building will need to be accompanied by the trained handler with whom the animal is registered or other pre-authorized staff. The handler will be a District employee and/or registered District volunteer, whose role is in alignment with the purpose of the therapy dog. Therapy dogs

- must be under control at all times, wear proper identification, and always be on a 4-foot leash or shorter or restricted by some form of containment.
- When a professional educator in the district uses a professional therapy dog according to the above guidelines, the building in which the handler works and the professional educator will be covered by the district's general liability coverage and/or by the owner/handler.
 - The privilege to bring the therapy dog into the school setting may be terminated should the owner/handler or the dog behave in a way deemed unprofessional or unsafe.
- Annual Stipend
 - \$500 per year or as determined by the board.

Approved: September 9, 2021 Reviewed: 01/08/2026 Revised: _____

105.1 - E1 Documentation Checklist for Use of Professional Therapy Dogs

Name of Professional Dog Owner/Handler: _____

Name of Professional Therapy Dog: _____

Building in which therapy dog will work: _____

____ **Administrative Approval:**

A signed statement reflecting administrator approval for the use of a professional therapy dog.

____ **Health Records:**

A copy of annual vaccinations and exams signed by a licensed veterinarian including a photocopy of the rabies certificate. *It is expected that owners/handlers will use year-round preventative medication for heartworm/external parasites.*

____ **Public Access Test:**

Certificate verifying the owner/handler and the dog have passed.

____ **Current Certificate Date:** _____

Signature of Professional Dog Owner/Handler

Date Signed

Signature of Building Administrator

Date Signed

105.1 - E2 Documentation Checklist for Use of Professional Therapy Dogs

Name of Professional Dog Owner/Handler: _____

Name of Professional Therapy Dog: _____

Building in which therapy dog will work: _____

Therapy Dog and Handler's Certification Date: _____

Name of Certifying Organization: _____

Date for Re-Certification: _____

Emergency Contact Names and Phone Numbers in Case of Issue with Therapy Dog:

1. _____

2. _____

Veterinarian Contact Information:

Name: _____ Phone: _____

Dates Regarding Therapy Dog Care:

Date of Birth: _____ Age: _____ Last Health Check: _____

Annual Worm Check: _____ Parvo/Distemper: _____ Rabies: _____

Note: Five-way Parvo/Distemper (DHPP) and rabies vaccinations shall be updated every three years. Dogs less than one year of age or receiving vaccinations for the first time shall receive a follow-up in one year with vaccinations every three years thereafter. Verification that preventable parasite control (fleas and ticks) as well as heartworm medication is given year-round.

Owner/Handler's Signature: _____ Date: _____



Dear Clayton Ridge School Family,

We are excited at Clayton Ridge Elementary to introduce our newest staff member, River! Clayton Ridge will be incorporating a therapy dog as part of the counseling program. River is a certified therapy dog who holds a Therapy Animal Certification from the Alliance of Therapy Dogs. She has been trained to provide comfort and support to students. Students may be in contact with River throughout the school year under the supervision of Stephanie Thomas, Elementary School Counselor. River is a F1B Miniature Golden Doodle and will provide our students many benefits. F1B Goldendoodles are 75% Poodle and 25% Golden Retriever because they are the backcross of an F1 Goldendoodle and a purebred Poodle, resulting in the most allergy friendly and curliest coat. Furthermore, per School Board Policy 105.1, River has received all necessary vaccinations and is taking preventative medicine for heartworm, fleas, and ticks. Therapy dogs have been proven to help children learn compassion, empathy, responsibility, respect and self-discipline. Trained therapy dogs offer comfort and non-judgemental love. Studies have even proven that even a short time with a dog can decrease levels of anxiety and increase emotional security.

If you do **NOT** feel comfortable with your student interacting with “River”, sign this form and return with your student to school before _____. By not signing and returning this form you are giving your consent for your student to interact with “River” under my supervision.

Please feel free to contact me at 563-964-2321 or sthomas@claytonridge.k12.ia.us with any questions or concerns.

Sincerely,
Stephanie Thomas
Elementary School Counselor



**Clayton Ridge Elementary School
Therapy Dog Program
OPT-OUT FORM**

I, _____, do **NOT** give permission for my student,

_____ (student name), to interact with the certified therapy dog.

Reason(s):

Mild Dog Allergy _____

Profound Dog Allergy _____

Fear of Dogs _____

Other: _____

Signature _____

Date _____