



Eastern Illinois Area of Special Education

5837 Park Drive, Charleston, IL

217.348.7700 (p) 217.348.7704 (f)

www.eias.com

REQUEST APPROVAL FORM FOR USE OF A SERVICE ANIMAL

Student Name _____ Date _____

Parent Name _____ Dist & Building _____

Type of Service Animal:

Dog Other: _____
Name of Animal _____

Letter from physician is attached

Documentation attached that the Service Animal is:

Properly trained and, if applicable, licensed

Properly and currently vaccinated

Under the control of a properly trained handler. Name of handler: _____

Covered by adequate liability insurance

Identify and describe the need for the service animal as it relates to the staff or the student's disability and describe the manner in which the service animal will meet the individual's particular need(s).

**Submit request to Executive Director of Special Education
Annual Re-application Required**



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SERVICE ANIMAL REGISTRATION/AGREEMENT

Owner

Student

Type of Service Animal:

Dog

Other: _____

Name of Animal

Request Approval Form is attached

Letter from physician is attached

Documentation attached that the Service Animal is:

Properly trained and, if applicable, licensed

Properly and currently vaccinated

Under the control of a properly trained handler. Name of handler: _____

Covered by adequate liability insurance

I have read and understand EIASE's Service Animals Policy. I will abide by the terms of the Policy.

I understand that if my Service Animal is: out of control and/or the animal's handler does not effectively control the animal's behavior; not housebroken or the animal's presence or behavior fundamentally interferes in the functions EIASE or it's member districts; or, poses a direct threat to the health or safety of others that cannot be eliminated by reasonable modifications, EIASE has the discretion to exclude or remove my Service Animal from its property.

I agree to be responsible for any and all damage to EIASE property, member district property, personal property, and any injuries to individuals caused by my Service Animal. I agree to indemnify, defend and hold harmless EIASE and it's member districts from and against any and all claims, actions, suits, judgments and demands brought by any party arising on account of, or in connection with, any activity of or damage caused by my Service Animal.

OWNER

Executive Director of EIASE

Signature

Signature

Date: _____

Date: _____

Note: This Registration/Agreement is valid until the end of the current school year. It must be renewed prior to the start of each subsequent school year or whenever a different Service Animal will be used.