



HOLY SPIRIT ROMAN CATHOLIC SEPARATE SCHOOL DIVISION
MANAGEMENT PLAN FOR THE CARE OF THE SERVICE DOG

Date: _____ Student Name: _____

School: _____ Name of Service Dog: _____

School Term Service Dog is Required: _____

Name(s) of individual(s) responsible for the implementation of the Management Plan for the care of the Service Dog:	
1:	
2:	
3:	

*IMPORTANT: Responsibility for care of the dog rests with the individual(s) listed above, **not** Holy Spirit Catholic School Division Staff.*

WATER NEEDS / DIETARY NEEDS: (e.g. provision of food or water bowl, procedures for use, cleaning, etc.)

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BLADDER/BOWEL NEEDS OF DOG: (e.g. frequency, location, disposal, etc.)

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OTHER CONSIDERATIONS	RESPONSES
1. Rest periods away from "work":	
2. Hot Weather:	
3. Winter Weather:	
4. Additional Considerations:	

Parent/Guardian or Staff: _____ Date: _____

Person(s) Responsible for the care of Service Dog: _____

Principal / Supervisor : _____ Date: _____