

Management Plan for Care of Service/Guide Dog

Student Name: _____

D.O.B.: _____ O.E.N.: _____

School: _____ Grade: _____

Name of Dog Handler: _____

Name of the Person Responsible for the Care of the Dog _____

Phone Number: _____

WATER NEEDS – (Water should be offered at mid day then removed.)

Water bowl will be kept:

It will be filled:

Bowl will be washed:

BLADDER/BOWEL NEEDS

Non-play area of school property for urinating/defecating:

Disposal process and containers for feces:

Frequency of need for dog to empty bladder/bowel during school day:

Specific time this will be accommodated:

Parent/Guardian's Signature Date

Principal's Signature Date

MODIFICATIONS or CHANGES