SERVICE ANIMAL REQUEST FORM – STUDENT

School: ____________________________________________________________

Date: __________________________

1. Type of Animal (check one):
   a. Dog _______
   b. Miniature Horse ________

2. Handler Name and Contact Information (if other than student):
   ________________________________________________________________
   ______________________________________________________________________

3. If not obvious, please list the tasks or work that the animal has been trained to perform (attach another page if necessary):
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

4. Does the Student have an IEP? Yes______ No_____; A 504 Plan? Yes______ No______

WYOMING LAW PROVIDES THAT ANY PERSON WHO KNOWINGLY AND
INTENTIONALLY MISREPRESENTS THAT AN ANIMAL IS A SERVICE ANIMAL MAY
BE GUILTY OF A MISDEMEANOR AND MAY BE FINED CRIMINAL PENALTIES UP
TO SEVEN HUNDRED FIFTY DOLLARS ($750.00). Wyo. Stat. § 35-13-203.

I certify that the service animal described above is (1) required because of a disability and (2) has
been trained to perform the tasks listed above.

Signed: __________________________________ Date: ______________

Print Name: ________________________________

Attach current veterinary records and return to the Director of Human Resources, 3550 Foothill Boulevar, Rock Springs, Wyoming 82901.
SERVICE ANIMAL REQUEST FORM - EMPLOYEE

Name: ______________________________________________________

School/Facility Assigned: ______________________________________

Date: _______________________________

5. Type of Animal (check one):
   a. Dog _______
   b. Miniature Horse __________

6. If not obvious, please list the tasks or work that the animal has been trained to perform (attach another page if necessary):
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

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I certify that the service animal described above is (1) required because of a disability and (2) has been trained to perform the tasks listed above.

Signed: _____________________________________ Date: ______________

Print Name: __________________________________

Attach current veterinary records and return to the Director of Human Resources, 3550 Foothill Boulevard, Rock Springs, Wyoming 82901