



17th Judicial Circuit Volunteer Therapy Dog Request Form

Case Name:	
Case Number:	Judge/Courtroom:
Date & Time Requested:	
Type of Case:	
Special Instructions:	

Requests for Adults:**Requests for Minors:**

Name:	<i>Name of Child and Age:</i>
<i>Guardian, if applicable:</i>	<i>Parent or Guardian:</i>

Requestor's Name & Department: _____

Requestor's Address & Phone Number: _____

For Trial Court Administration Use Only:

Request received by _____ on _____ (date)

Approved by _____ Date: _____

Dog Team: _____

Date Dog Team Notified: _____

Informed Consent & Liability Waiver

Please read each statement below, check each box and sign where indicated:

I, _____ **am requesting the assistance of a therapy dog through the 17th Circuit Volunteer Therapy Dog Program for**

myself or **my child or ward:** _____

I/we do not have dog allergies; and

I/we understand the nature of the case will be disclosed to the Therapy Dog Team; and

I understand it is my obligation to notify Trial Court Administration of any scheduling changes and

I/we understand that the Handler must be within 3 feet of their dog, and thus will be within 3-4 feet of you; and

I/we voluntarily seek services provided by the Volunteer Therapy Dog Program and understand there are inherent risks when working with a dog. I hereby release and agree to hold the 17th Circuit Court and the Volunteer Therapy Dog Program harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of this agency or that may otherwise arise in any way in connection with any services received from the Volunteer Therapy Dog Program.

Signature of this Consent & Liability Waiver is conclusive proof that I/we have read and accepted the terms hereof and assume any and all risks involved.

Signature

Date: _____

Printed Name

Email Address