



## 17<sup>th</sup> Judicial Circuit Volunteer Therapy Dog Request Form

Case Name / Number: \_\_\_\_\_

Courtroom/Judge: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

Time of Court Hearing or Meeting: \_\_\_\_\_

Approximate Duration of Time Required: \_\_\_\_\_

Type of Case: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

*(If requesting for a child:)*

Child's name and Age: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

*(Adult:)*

Name of Adult: \_\_\_\_\_

Name of Guardian, *if applicable*: \_\_\_\_\_

Type of Court:  Drug Court     TIP Court     Veteran's Court     Other

Requestor's Name & Department: \_\_\_\_\_

Requestor's Address & Phone Number: \_\_\_\_\_

## 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 17<sup>th</sup> Circuit Volunteer Therapy Dog Program for  
 myself or  my child or ward: \_\_\_\_\_

I/we do not have dog allergies, and

I/we understand there are inherent risks when working with a dog, and

I/we indemnify and agree to hold harmless the 17<sup>th</sup> Judicial Circuit Court or anyone working on their behalf such as the owners/handlers of the dog, 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

Signature of this 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*

*For Trial Court Administration Use Only:*

Request received by \_\_\_\_\_ on \_\_\_\_\_ (date)

Approved by \_\_\_\_\_ Date: \_\_\_\_\_

Dog Team: \_\_\_\_\_

Date Dog Team Notified: \_\_\_\_\_