

## First Judicial Circuit

## Therapy Dog Request Form

Case Name:			
Case Number:			
Judge/Courtroom:			
Date & Time Requested:			
Type of Case:			
Special Instructions, if any:			
Requests for Adults:		Requests for Minors:	
Name: Name of Child and Age:			
Guardian, if applicable: Parent or Guardian:			
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 thera
dog through the 1st Circuit Volunteer Therapy Do	og Program for
☐ myself or ☐ my child or ward:	<del> </del>
☐ 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 with	nin 3 feet of their dog, and thus will
be within 3-4 feet of you; and	
☐ I/we voluntarily seek services provided by the	e Volunteer Therapy Dog Program
and understand there are inherent risks when wor	king with a dog. I hereby release
and agree to hold the 1st Circuit Court and the Vo	olunteer Therapy Dog Program
harmless from, and waive on behalf of myself, m	y heirs, and any personal
representatives any and all causes of action, clain	ns, 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 agen	ncy or that may otherwise arise in
any way in connection with any services received	l 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 ar	ny and all risks involved.
Signature:	Date:
Printed Name:	
Email Address:	