

ADA SERVICE ANIMAL – ENTRY PROCEDURES CHECKLIST

Inmate’s Name: _____ **Visitor’s Name:** _____
Inmate’s CL #: _____ **Date of Visit:** _____

1. Is the animal a dog?

- If no, the animal is not permitted to enter the facility.
- If yes, answer question 2.

2. Is the animal required because of a disability?

- If owner said, “no” then the animal is not permitted to enter the facility.
- If the owner said, “yes” answer question 3.

3. What work or task has the animal been trained to perform?

- Acceptable answers include but are not limited to:
 - Assisting individuals who are blind or have low vision with navigation and other tasks;
 - Alerting individuals who are deaf or hard of hearing to the presence of people or sounds;
 - Providing non-violent protection or rescue work;
 - Pulling a wheelchair;
 - Assisting an individual during a seizure;
 - Alerting individuals to the presence of allergens;
 - Retrieving items;
 - Providing physical support and assistance with balance and stability to individuals with mobility disabilities; and
 - Helping persons with psychiatric and neurological disabilities by preventing or interrupting impulsive or destructive behaviors.
- Unacceptable answers may include:
 - Emotional Support
 - Comfort
 - Well-being

Notes:

Officer’s Name: _____ Date: _____

Officer’s Signature: _____