

DEPARTMENT OF CORRECTIONS

ACKNOWLEDGEMENT FOR VISITORS WITH SERVICE DOGS

I wish to bring my service dog to visits. My dog is required because of my disability and is trained to perform the following work or tasks for me: _____

1. I acknowledge that my service dog is required to be on a leash, harness or tether at all times while on facility property, unless this would interfere with the tasks it performs, in which case it must be under my voice control.
2. I acknowledge that my service dog may be excluded from entering or may be removed from the facility if it is out of control and I do not take effective action to control it; if it presents as aggressive or interferes with staff, other visitors, prisoners/residents, other persons, or other dogs; if it is not housebroken; or if its behavior otherwise presents a risk of injury or property damage. I also acknowledge that my service dog may be excluded based on a past incident of behavior at this facility or another facility that presented a risk of injury or property damage.
3. I acknowledge that if my service dog is excluded before the visit begins, I may visit without the dog, provided the dog is removed from facility property. I also acknowledge that if my service dog is removed during the visit, I must leave with the service dog, and I will not be allowed to return to complete the visit.
4. I acknowledge that if my service dog is excluded or removed from the facility, it will not be allowed in the facility again unless I apply in writing to the Chief Administrative Officer, or designee, for the service dog to be allowed. The Chief Administrative Officer, or designee, in his or her complete discretion; will decide whether the service dog may be admitted to the facility in the future.
5. I acknowledge that I will be liable for all injuries or property damage caused by my service dog while on facility property.
6. I acknowledge that I must comply with the requirements of Department Policies (AF) 21.4, Prisoner Visitation or (JF) 16.3, Visitation (available on the Department's website and at the facility), the facility visitation rules (available at the facility), and the instructions of staff.

Visitor Signature

Visitor Printed Name

Date

Witness Signature

Printed Name

Date