

# SERVICE ANIMAL REGISTRATION FORM

## Service Animal Handler Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

College ID #: \_\_\_\_\_

Please check status: Student  Employee  Visitor

## Service Animal Information

Animal's Name: \_\_\_\_\_

Type of Animal and Breed: \_\_\_\_\_

Physical Description of Animal: \_\_\_\_\_

State of Licensure and License Number: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Recent Vaccination and Immunization History: \_\_\_\_\_

## Service Animal Eligibility Information

Is the animal required because of a disability? YES \_\_\_\_\_ NO \_\_\_\_\_

What work or task is the animal trained to perform? \_\_\_\_\_

I verify that I have read and understand the College's Service Animal Policy and will abide by its requirements.

\_\_\_\_\_  
Handler's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature