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

Fed law/ADA/service animals/registration form 3-6-12-#t