

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