

Counseling and Wellness Center Student Disability Services

REGISTRATION FOR SERVICE ANIMALS

Student Information Name: Last______ First______ MI____ Email: ______ Telephone: Cell_____ I.D. #: _____ Home_____ Campus Address: Building Room/Suite #_____ Off Campus Address: Service Animal Information Name: _____ Type/Breed: _____ Weight: _____ Description/color: _____ Services this animal provides: _____ Documentation: the following must be submitted with this form. Documentation of need for service animal. Proof of current vaccinations for rabies, distemper and parvo. _____ Copy of animal's training certificate/letter. Cleaning, care and waste removal plan: _____ Handler will maintain _____ Other I have reviewed the SDS policies for Service Animals (see Web Site) and understand that I am responsible for the care and behavior of my service animal.

Student Signature: _____ Date: _____

