



**Office of Disability Support Services
Service Animal Registration Form**

Owner's Name	
Owner's Permanent Address	
Owner's Home Phone	
Owner's Campus Address	
Owner's Campus Phone	
Owner's Cell	
Animal's Name	
Type of Animal	
Description of the Animal	
<i>Alternate Caregiver for Animal if Owner is Unavailable</i>	
Name	
Address	
Phone Number	

***Please attach the Veterinarian's Verification that the animal has all Veterinary recommended vaccinations to maintain the animal's health and prevent contagious disease.