



# Voluntary Service Animal Registration

## STUDENT'S INFORMATION- PLEASE PRINT

Student ID No.: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First M.I.

Residence Hall: \_\_\_\_\_  
Room #

Address: \_\_\_\_\_  
Number and Street Apartment #

City State ZIP Code

Best contact phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Best way to contact individual: Phone listed above Email: \_\_\_\_\_

## SERVICE ANIMAL'S INFORMATION- PLEASE PRINT

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

Breed: \_\_\_\_\_

Description: \_\_\_\_\_

Is this a Service Animal, trained to provide disability-related service for an individual with a disability?

Yes No

Please describe the disability-related service the animal is trained to do:

\_\_\_\_\_  
\_\_\_\_\_

Who is the Emergency Contact responsible for caring for the animal in the event that you are absent or unavailable:

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

Email: \_\_\_\_\_

- Animal has received all veterinary-recommended vaccinations as outlined above.
- Animal is register with the city of Powell.

I give permission to the Disability Services Office to disclose to others impacted by the presence of my Service Animal (e.g., Residence Life staff, faculty, potential and/or actual roommate(s), neighbor(s)) that I will be accompanied by or living with an animal. I understand that this information will be shared with the intent of preparing for the presence of the Service Animal and/or resolving any potential issues associated with the presence of the Service Animal, I further recognize that the presence of the Service Animal may be noticed by others visiting or residing in College Housing and agree that staff may acknowledge the presence of the animal.

Student \_\_\_\_\_ Date \_\_\_\_\_

DS Coordinator \_\_\_\_\_ Date \_\_\_\_\_