



## *Service Animal Registration Form*

ATTACH A PHOTOGRAPH OF THE ANIMAL TO THIS FORM.

Handler's Name: \_\_\_\_\_

Handler's Student ID #: \_\_\_\_\_

Handler's Permanent Address: \_\_\_\_\_

Handler's Campus Address: \_\_\_\_\_

Handler's Phone: \_\_\_\_\_

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

Type of Animal: \_\_\_\_\_

Physical Description of Animal:

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

Alternate Caregivers for Animal for Emergency Purposes (please provide one local contact if possible):

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please attach the Veterinarian's verification that the animal has all vaccinations required by law to maintain the animal's health and prevent contagious disease.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

Please return this signed document to  
Accessibility Services  
accessibility@kwu.edu

