



CENTER FOR  
DISABILITY SERVICES

## AUM Emotional Support/Comfort Animal Registration Form

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

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

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

Email: \_\_\_\_\_ Phone/s: \_\_\_\_\_

Name of Service Animal: \_\_\_\_\_

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

Name of Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact - individual to be in charge should student be suddenly unable to care for or handle animal

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

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

Relationship: \_\_\_\_\_

Rabies Vaccination Tag Number: \_\_\_\_\_ Date of Last Rabies Vaccination: \_\_\_\_\_

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Service(s) the animal provides relative to student's disability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special training the service animal received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- The student/handler should follow the University Emotional Support/Comfort Animal Guidelines. School guidelines require the student/handler to always keep his/her emotional support/comfort animal under control at all times and is required to always carry equipment sufficient to clean up the animal's feces.
- The student/handler understands his/her potential liability should an emotional support/comfort animal injure someone or damage property.

**Student/Handler Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_