



CENTER FOR
DISABILITY SERVICES

AUM Emotional Support/Comfort Animal Registration Form

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: _____

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: _____