



AUBURN UNIVERSITY  
AT MONTGOMERY

CENTER FOR  
DISABILITY SERVICES

## AUM Service Animal Registration Form

Name: \_\_\_\_\_ AUM Student 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 (optional): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special training the service animal received (optional): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The student/handler should follow the University Service Animal Guidelines. School guidelines require the student/handler to always keep his/her service 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 a service animal injure someone or damage property.

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

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