SERVICE ANIMAL REGISTRATION FORM

Service Animal Handler Information

Name: ____________________________________________________________

Address: ________________________________________________________________________

Phone Number: __________________________ Email: __________________________

College ID #: _______________________________________________________________________

Please check status:  Student ☐  Employee ☐  Visitor ☐

Service Animal Information

Animal’s Name: ____________________________________________________________

Type of Animal and Breed: ________________________________________________________________________

Physical Description of Animal: ________________________________________________________________________

State of Licensure and License Number: ________________________________________________________________________

Veterinarian: ____________________________________________ Phone #: ____________

Recent Vaccination and Immunization History: ________________________________________________________________________

Service Animal Eligibility Information

Is the animal required because of a disability?   YES_____   NO_____

What work or task is the animal trained to perform? ________________________________________________________________________

I verify that I have read and understand the College’s Service Animal Policy and will abide by its requirements.

Handler’s Name ____________________________ Date ____________________________

Signature

QCC BOARD OF TRUSTEES JUNE 12, 2013
Fed law/ADA/service animals/registration form 3-6-12-#t