



Office of Disability Services  
*Animal Registration Form*  
Service Animal

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

Physical Description of Animal (Breed, Color, Age):

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

While an Alternate Caregiver is not required, the student may find it to be helpful to have a designated person in case of emergency. If an Alternate Caregiver is designated, in the event the student is unavailable due to an emergency, the Alternate Caregiver is responsible for fulfilling all obligations of the student set forth within this document for the entire duration of time that the student is unavailable. The University is not responsible in the case of an emergency.

Alternate Caregiver for Animal if Owner is Unavailable:

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**\*Please attach the veterinarian's verification that the animal has all current recommended veterinary care and vaccinations to maintain the animal's health and prevent contagious disease.\***



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I acknowledge that the exchange of information may need to take place between the Disability Services office and other Vanguard University staff and/or faculty in order to comply with my needs. I give my permission for such communication when necessary. **Neither the specific diagnosis of my disability nor the specific nature of other confidential concerns will be released.**

I give my permission for Office of Disability Services to discuss my case with the following individuals and/or Departments:

Parents (list their names):

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Additional Individuals and/or Departments:

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Student Signature

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Date