



SERVICE ANIMAL REGISTRATION

STUDENT INFORMATION

Student Name

VETERINARIAN INFORMATION

Veterinarian's Name		Veterinarian's Telephone	
Clinic Name			
Street			
City		State	Zip
Veterinarian's Signature			Date

SERVICE ANIMAL INFORMATION

Name of Service Animal	County License Number
Type and Description of Animal (i.e., dog: golden labrador, etc.)	
Recent Vaccination History	
General Health of Animal	

AGREEMENT

I verify that I have read and understand the Service Animal Policy (at http://www.tmcc.edu/disability-resource-center/) and agree that I and my animal, named above, will abide by these requirements. I have also provided the appropriate documentation as outlined in the documentation guidelines.	
Signature	Date