

REGISTRATION OF A SERVICE ANIMAL

Veterinarian Information

Date: ____/____/____

Veterinarian's Name: _____ Veterinarian's Telephone: ____-____-_____

Clinic Name: _____

Clinic Address: _____
Street City State Zip

Veterinarian's Signature: _____ Date: ____/____/____

Student's Name: _____

Service Animal Information

Name of Service Animal: _____ County License Number: _____

Type and Description of Animal: (i.e. Dog, Golden Labrador) _____

Recent Vaccination History: _____

General Health of Animal: _____

Agreement

I, _____, verify that I have read and understand the Service Animal
Name of Student
Policy (at <http://www.tmcc.edu/drc>) and agree that I and my animal, _____ will abide
Name of Animal
by these requirements. I have also provided the appropriate documentation as outline in the documentation guidelines.

Signature

____/____/____
Date