

**Point University, Department of Disability Services  
Support and Service Animal Registration Form**

**Student Information**

Academic Year Requesting Accommodations (e.g., 2015-2016, 2016-2017, etc.):						
Name:				Today's Date:		
ID #:				DOB:		
Home City, State:				Phone #:		
Point E-mail Address:				Major:		
Highlight Year:	Fr	Soph	Jr	Sr	5 <sup>th</sup> /6 <sup>th</sup> Yr	Grad/Staff

**Information of Contact who will accept the animal in the event of necessary relocation/removal**

Name:
Phone:
Address:

**Animal Information**

Name:	Type of Animal:
Breed:	Weight:
Color:	Sex (Male or Female):
Age:	Date of Spay/Neuter:
<b>Vaccination Information* (Please provide vaccine information in the boxes listed below):</b>	
Vaccine:	Date:
Vaccine:	Date:
Vaccine:	Date:

\*Official Veterinarian vaccination records should be provided as an attachment to these documents.

**Veterinarian Contact Information**

Name:	Phone #:
Full Address:	
E-mail Address:	

*Please Note: The University may request additional information from the veterinarian or student as necessary.*