

**ASSISTANCE ANIMAL PROCEDURE
ACKNOWLEDGEMENT AND INFORMATION**

OWNER INFORMATION:

Name: _____ Student ID: _____

Address: _____

Email: _____ Phone: _____

ANIMAL INFORMATION

Service Animal Therapy Animal Emotional Support Animal

Animal's Name: _____ Animal's Weight: _____

Animal Type: _____ Animal's Breed: _____

Sex of Animal: _____ Spay/Neuter Date: ____/____/____

Most recent rabies vaccination date: ____/____/____

Attach copies of vaccination/health records to include in file.

By my signature below, I verify that I have read, understand, and will abide by the guidelines outlined in the Southern Arkansas University Tech Assistance Animal Policy. I agree to provide the additional information required to complete my request for a reasonable accommodation under the Southern Arkansas University Tech Assistance Animal Policy. I also agree to allow Southern Arkansas University Tech to release information relating to the presence of a potential assistance animal to current or prospective roommates and College personnel.

Student's Signature: _____

Printed Name: _____ Date: _____

Disability Support Services Signature: _____

Printed Name: _____ Date: _____