



Service Animal Registration

Date: _____ Owner's/Handler's Name: _____

Owner's/Handlers Address _____

Owner's/Handler's Home Phone _____

Owner's/Handler's Cell Phone _____

Owner's/Handler's E-mail _____

Type of Animal _____

Physical Description of the Animal _____

Animal's Name

Attach the veterinarian's verification that the animal has all current recommended care and vaccinations to maintain the animal's health and prevent contagious diseases.