



EMOTIONAL SUPPORT ANIMAL REGISTRATION FORM

Student's name: _____

Student's Campus Address and Room # _____

Student's permanent address: _____

Student's cell phone # _____

Student's Indian Hills Community College email address: _____

Best way to contact student:

___ Phone cell or other number _____

___ Indian Hills Community College email address: _____

Animal's name: _____

Breed and physical description of the dog: _____

Is this a service animal, trained to provide disability-related service for a person with a disability? _____

What disability-related service is the dog trained to do? _____

Who is responsible for caring for the dog in the event that you are absent or unavailable?

List name and contact information: _____

Any student residing on campus with a Service Animal is encouraged to discuss the possibility of being housed on a first floor with the Department of Housing.

Attach a current Veterinarian's verification that the dog has all Veterinary-recommended vaccinations to maintain the animal's health and prevent contagious disease. Also include a copy of the dog's registration from the town/state in which it is registered.

Student's signature

Date

Return to: Disability Services
525 Grandview Avenue
Ottumwa, IA 52501
(641) 683-5749
disabilityservices@indianhills.edu

Disability Services
721 North First Street
Centerville, IA 52544
(641) 856-2143 ext. 2214
disabilityservices@indianhills.edu