

Service/Emotional Support/Comfort Animal Registration Form

Complete this form and submit it to the Office of Residence Life (ORL) a minimum of 30 days prior to bringing an approved animal on campus. Complete a new form as any changes in the information about your Animal occur. This form must be submitted annually.

Provide the following documentation with this form:

- Copy of St. Mary's County Animal License (if applicable)
- Verification of Animal Health Records
- Copy of Animal's Training Certificate (if applicable)

Student's Name	
Student's Permanent Address	
Student's Home Phone #	
Student's Campus Address	
Student's College ID # and email address	
Student's Cell Phone #	
Date Student Completed Request for Services/ Accommodation with Residence Life	
Animal's Name	
St. Mary's County Animal License Information	
Type of Animal	
Description of the Animal (photo may be attached or included)	
Is the Animal current on veterinary-recommended vaccinations?	<input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, date of most recent vaccinations: If no, explain:

Has the Animal ever bitten or shown aggression toward people?	<input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, explain:
Coordinator of Disability Support Services (CDSS) (documentation received)	<input type="checkbox"/> Approved or <input type="checkbox"/> Not Approved Date: Signature:
<i>Alternate/Emergency Caregiver for Animal if Student is Unavailable (must have access to the student's room)</i>	
Name	
Address	
Phone Number	
Relationship to Student	
Signature of Alternate Caregiver	<i>I agree to provide caregiving assistance for the Animal approved by this agreement, and abide by the conditions set forth in the procedures document.</i>

Attach the animal's current immunization records and the provided Veterinarian's Verification that the Animal has all Veterinary recommended vaccinations to maintain the Animal's health and prevent contagious disease.

I acknowledge having read the Service/Emotional Support/Comfort Animal Procedures and agree to abide by its terms and conditions.

Signature of Resident

Date

Printed Name

Date

Signature of Director of Residence Life

Date