



Service Animal Registration Form

ATTACH A PHOTOGRAPH OF THE ANIMAL TO THIS FORM.

Handler's Name: _____

Handler's Student ID #: _____

Handler's Permanent Address: _____

Handler's Campus Address: _____

Handler's Phone: _____

Animal's Name: _____

Type of Animal: _____

Physical Description of Animal:

Alternate Caregivers for Animal for Emergency Purposes (please provide one local contact if possible):

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Please attach the Veterinarian's verification that the animal has all vaccinations required by law to maintain the animal's health and prevent contagious disease.

Student

Date

Service Animal Registration Form

Please return this signed document to:
Student Disability Services
Student Success Center
100 E. Claflin Ave, Salina, KS 67401
bryan.mccullar@kwu.edu
Phone: 785-833-4398