



## Service Animal Registration Form

### Resident Information

Name: \_\_\_\_\_

Building and Room Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ CSULB Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Service Animal Information

Animal's Name: \_\_\_\_\_

Type of Animal: \_\_\_\_\_

Physical Description of Animal (including breed, coloring, age, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Emergency Contact for Service Animal

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Attachments

Veterinarian's verification of all veterinary recommended vaccinations to maintain the animal's health and prevent contagious disease

Canine:       Rabies       DHLPP       Bordatella

Veterinarian's documentation of spay/neuter

Documentation of licensure

Photograph of the animal

Signed Service Animal License Addendum