



Service Animal Registration

(Must be submitted to the Director of the Student Disability Resource Center)

Service Animal Owner/Partner: _____

HSU ID Number _____ Date _____

Description of Animal:

Name	
Type of Animal (dog, horse, etc)	
Breed	
Color	
Leash, harness, other equipment?	

Documentation Checklist:

Document	Date Verified
Service Animal Policy	
Policy Agreement	
General maintenance vaccine series shots (list type below)	
Vaccination Tag	
Proof of flea Control	
Clean bill of health from licensed veterinarian	

