

Assistance Animal Registration Form

Handler's Information

Handler's Name: _____

Handler's Student I.D.: _____

Handler's Ole Miss Email Address: _____

Handler's Home Address: _____

Handler's Residence Hall and Room: _____

Handler's Cell Phone: _____ Work: _____

Approved Animal's Information

Animal's Name: _____

Type of Animal: _____

Physical Description of Animal: _____

List Local Veterinarian: _____

Annual Examination is attached.

Alternate Caregiver for Animal If Handler is Unavailable:

Name: _____

Address: _____

Telephone Number: _____

Alternate Telephone Number: _____

Email Address: _____

Please attach the Veterinarian's verification that the animal has all Veterinary-recommended vaccinations to maintain the animal's health and prevent contagious disease.