



Rev. 8/8/18

## SERVICE OR EMOTIONAL SUPPORT ANIMAL REGISTRATION

*(IMPORTANT: Animal user/owner must complete all information)*

Animal User/Owner's name: \_\_\_\_\_

ID#: \_\_\_\_\_ Phone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of residence hall: \_\_\_\_\_ Room number: \_\_\_\_\_

Animal's name: \_\_\_\_\_

Emergency Pet Contact Name: \_\_\_\_\_

Emergency Pet Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Type of Animal

Dog – Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Cat – Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Other - Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

City of Waukesha License number (if applicable): \_\_\_\_\_

I give Disability Services the right to communicate with Housing and Public Safety about me and my Emotional Support Animal.

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

### *For Office Use Only*

- \_\_\_\_\_ Date half-sheet (accommodation approval) sent to housing
- \_\_\_\_\_ Date documentation received
- \_\_\_\_\_ Date health/vaccination certification received
- \_\_\_\_\_ Date City of Waukesha licensing information received
- \_\_\_\_\_ Date verification of renter's insurance received (not required)
- \_\_\_\_\_ Date registration form sent to housing along with Pet Emergency Card
- \_\_\_\_\_ Date copy of Roommate/Suitemate Agreement received at the OSSD
- \_\_\_\_\_ Final OSSD verification date
- \_\_\_\_\_ Date room location of animal sent to Physical Plant and Public Safety (cc: Barb Flynn)
- \_\_\_\_\_ Date student informed animal can be brought to campus
- \_\_\_\_\_ Pet Emergency Card completed