



Support Animal Verification

Please complete this form and submit it back to your Disability Specialist with all other required documentation, including a photo of the animal.

Date: _____

Student (Owner) Name: _____

Support Animal Name: _____

Type of Animal: Dog Cat Other (please list) _____

Age: _____

Emergency Contact

Contact must not reside in University housing and must have the ability to take the animal in the event of an emergency or extenuating circumstance preventing you from providing daily care.

Contact #1 (required)

Full Name: _____

Phone Number: _____

Relation (optional): _____

Contact #2 (optional)

Full Name: _____

Phone Number: _____

Relation (optional): _____