

**ANIMAL REGISTRATION FORM
FOR ANIMALS APPROVED TO BE ON CAMPUS**

Date: _____ Animal Owner's Name: _____

Phone: (_____) _____ SKC ID: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Attached is a copy of the approved *Application for an Animal on Campus* and a current photo of the animal

Animal's Name: _____

Type of Animal: Dog Cat Other _____

Age: _____ Breed: _____ Weight: _____

Color/Markings: _____

If the animal is a registered Therapy Animal (e.g. TDI, TD Inc, Delta Society-Pet Partners, etc.), list registering organization and number:

Organization: _____

Registration #: _____

***Return all forms to the Disability Services Office, Room 111, (Enrollment Wing),
Robert DePoe III Building.***