

1000 E. Victoria Street – WH B470 & Carson, CA 90747 & (310) 243-3771 & FAX (516)3595

## SERVICE ANIMAL REGISTRATION FORM

Student (submit to Disabled Student Services (DDS – located WH 180)						
Employee or Visitor (submit to Human Resources (HR- located WH 340)						
Employee/Student ID  Name of Owner/Handler  Address						
City	State	Zip Code				
Type of Service Animal		Breed				
Color	ame					
Animal's City/County License Tag #						
Date of Last Rabies Vaccination		Veterinarian				
Is verification of your disability on file	with DDS or F	luman Resources?				
Request access to Restricted Area:	□ !Yes	□ No				
If yes, explain where and why						
What service is your animal providing	relative to vo	ur disability?				
providing	, sizia 2 10 yo					

The owner/handler of the service animal listed above understands and agrees to the following:

- Will follow the University Policy in cleaning up after the animal defecates. The owner/handler will always carry equipment sufficient to clean up the animal's feces whenever the animal and the handler are on University Property.
- The owner/ handler accepts his/her potential liability should a service animal injure someone.

Weekends Only: If a student or visitor is going to be on campus for only one weekend (Saturday-Sunday), he/she can visit the Campus Police Department on the day of the visit to register the service animal. The owner/handler of the service animal must complete this form when registering the animal with the police.

I have read and understand my responsibility as owner/handler of a service animal and certify that the information provided above is true and correct:					
Signature Owner/Handler:					
Date:					
Decision to have Service Animal on Campus:					
	Director of DDS:	Yes	□ No		
Or	Assoc. Vice President, Human Resources:	□¹ <sub>Yes</sub>	□ No		
Signature of Director of DDS or Associate Vice President Human Resources:					
Date:					

cc: Service Animal Request File Department Head Vice President/Provost