WHITE MOUNTAINS COMMUNITY COLLEGE
SERVICE ANIMAL REGISTRATION FORM

Service Animal Handler Information

Name:

Address:

Phone Number:

Email:

Please check status: Student □   Employee □   Visitor □

Service Animal Information

Animal's Name:

Type of Animal and Breed:

State of Licensure and License Number:

Recent Vaccination and Immunization History:

Service Animal Eligibility Information

Is the animal required because of a disability?   Yes □   No □

What work or task is the animal trained to perform?

I verify that I have read and understand WMCC's policy regarding service animals and will abide by its requirements.

_____   _____   _____

Handler's Name Printed   Signature   Date

_____   _____   _____

Accessibility Coordinator Name Printed   Signature   Date