



DEPARTMENT OF
RESIDENT LIFE

**Department of Resident Life, University of Maryland
Assistance Animal Request Form**

Please complete this form and submit it to the Department of Resident Life Assignments Office a minimum of 60 days prior to move-in day each semester in which the Assistance Animal will arrive to campus. Complete a new form as any changes in the information about your Assistance Animal occur.

Provide the following documentation with this form:

- Copy of Prince George's County License
- Verification of Health Records
- Verification of Registration and Recommendation from Office of Accessibility and Disability Services
- Verification of Identification

Student's Name and UID	
Student's Permanent Address	
Student's Home Phone	
Student's Campus Address	
Student's email address	
Student's Cell Phone	
Date Student Completed Request for Accommodation with Resident Life	
Status of Request for Services/Accommodation	
Assistance Animal's Name	
Prince George's County License Information	



DEPARTMENT OF
RESIDENT LIFE

**Department of Resident Life, University of Maryland
Assistance Animal Request Form**

Type of Animal and Breed	
Description of the Animal (photo may be attached or included)	
Is the Assistance Animal current on veterinary – recommended vaccinations?	Circle one: Yes/No If yes, date of most recent vaccinations: If no, explain:
Has the Assistance Animal ever bitten or shown aggression toward people?	
<i>Handler for Assistance Animal if Student Partner is Unavailable</i>	
Name	
Address	
Phone Number	
Relationship to Student	
Signature of Acceptance	

In addition to completing and submitting this form, any student requesting an Assistance Animal must also submit a letter from the Office of Accessibility and Disability Services (ADS) and the Veterinarian Verification Form.



DEPARTMENT OF
RESIDENT LIFE

VETERINARIAN VERIFICATION FORM

Please complete the following information:

Veterinarian's Name and/or Clinic Name _____

Address _____

City State Zip _____

Phone Number and Fax _____

Assistance Animal Information: Owner's Name: _____

Assistance Animal's Name, Animal Type and Breed: _____

Sex _____ Spayed/Neutered _____

Please check all that apply:

• Canine Vaccinations

- DHLPP + C (Distemper, Hepatitis, Leptospirosis, Parvovirus, Parainfluenza, Corona)
- Bordatella
- Rabies

• Feline Vaccinations

- FVRCP (Panleukopenia, Rhinotracheitis, Calicivirus, Chlamydia)
- FeLV (Feline Leukemia)
- Bordatella
- Rabies

I verify the above mentioned Assistance Animal has all current vaccinations and is in good general health.

I verify that all the above vaccinations will remain current through one year.

I verify that the above mentioned animal has been given a stool sample test for internal parasites.

Veterinarian Signature _____ Date _____