



DEPARTMENT OF
RESIDENT LIFE

**Department of Resident Life, University of Maryland
Service Animal Registration 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 Service Animal will arrive to campus. Complete a new form as any changes in the information about your Service Animal occur.

Provide the following documentation with this form:

- Copy of Prince George's County License
- Verification of Health Records
- 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	
Service Animal's Name	
Prince George's County License Information	



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



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VETERINARIAN VERIFICATION FORM

Please complete the following information:

Veterinarian's Name and/or Clinic Name _____

Address: _____

City State Zip: _____

Phone Number and Fax: _____

Service Animal Information: Owner's Name: _____

Service 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

I verify the above mentioned Service 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: _____