Service Animal Registration Process

1. Complete and Submit Registration Form
   Please complete the Service Animal Registration Form and submit it for approval. Please note: requests for Service Animals do NOT require documentation of disability. Rather, individuals should answer the relevant questions on the Registration Form.
   - Student: Submit form to the Coordinator of Disability Services.
   - College Employee: Submit form to Human Resources.

2. Registration Form Review
   The Service Animal Registration Form will be reviewed by the Student Disability Review Committee (for students) or Human Resources (for College Employees).

3. If Approved, Completion of Service Animal Agreement
   - Students: Once the registration form is approved, a meeting will be arranged with the student and appropriate members of the Student Disability Review Committee to review and complete the Service Animal Agreement.
   - College Employee: Once the registration form is approved, a meeting will be arranged with the College Employee and Human Resources to review and complete the Service Animal Agreement.

4. Notification
   The Office of Student Disability Services will make a reasonable effort to notify the faculty and students enrolled in classes impacted by the accommodation.

   The Office of Human Resources will make a reasonable effort to notify coworkers impacted by the accommodation.

   Office of Residential Life will make a reasonable effort to notify students in the building where the Service or Therapy Animal will be located.

5. This process is required annually, unless the Service Animal is no longer needed.

   Deadlines for Students:
   - Requests for housing accommodations and supporting documentation for new students must be received by the housing application deadline.
   - Requests for housing accommodations and supporting documentation for returning students must be received by January 30 for the following fall semester.
Service Animal Registration Form

Please note that registration of a Service Animal does not require documentation of disability. However, this Service Animal Registration Form must be completed. In addition, a veterinarian's verification that the dog has all veterinary-recommended vaccinations to maintain the animal's health and prevent contagious disease and a copy of the dog’s registration from the town/state in which it is registered must also be attached to this form. *This form must be updated and submitted annually.*

**PLEASE PRINT:**

Name: ______________________________________

SJFC ID Number: ________________________________

SJFC Residence Hall and Room # (if applicable): ________________________________

Permanent Address: __________________________________________________________

Best contact number for individual with Service Animal: ____________________________

SJFC Email Address: __________________________________________________________

Best way to contact individual (check one): ☐ phone listed above  ☐ SJFC Email Address

Animal’s Name: ________________________________________________

Breed and physical description of dog: ____________________________________________________________________________

Is this a Service Animal, trained to provide disability-related service for an individual with a disability? ☐ Yes ☐ No

Please describe the disability-related service the animal is trained to do: ____________________________

__________________________________________________________________________

Who is the substitute responsible for caring for the dog in the event that you are absent or unavailable?

Substitute’s name and contact information: ________________________________________

__________________________________________________________________________

I have attached:

☐ Veterinarian’s verification that the dog has all veterinary-recommended vaccinations as outlined above

☐ Copy of the dog’s registration from the town/state in which it is registered

____________________________________  ______________________________
Signature                                      Date

____________________________________  ______________________________
Substitute’s Signature                        Date