

Evangel University
Assistance or Service Animal Registration Form

<p><i>For Office Use Only</i></p> <p>Type of Animal</p> <p><input type="checkbox"/> Assistance</p> <p><input type="checkbox"/> Service</p>	<p>Date Received: _____ Received by: _____</p> <p><i>The following forms are attached and completed:</i></p> <p><input type="checkbox"/> Roommate Acknowledgement</p> <p><input type="checkbox"/> Personal Attendant Agreement</p> <p><input type="checkbox"/> Veterinarian Verification Form</p> <p><input type="checkbox"/> Assistance Animal Disability & Accommodation Verification –not required for Service Animals</p>
Student's Name	
Student's Permanent Address	
Student's Home Phone	
Student's Campus Address	
Student's Cell Phone	
Student's EU ID Number	
Assistance Animal Disability & Accommodation Verification Form completed (Assistance Animal only)	___ Yes Date _____
Is the Animal required because of a disability?	Circle One: Yes No
(Service Animal only)	
What work or task is the Animal trained to do?	

<p>(Assistance Animal only)</p> <p>What assistance does the Animal provide?</p>	
<p>Animal's name</p>	
<p>Type of Animal and Breed</p>	
<p>Description of the Animal</p> <p>(please attach photo)</p>	
<p>Is the Assistance or Service Animal current on veterinary recommended vaccinations?</p>	<p>Circle One: Yes / No</p> <p>If yes, attach Veterinarian Verification Form</p> <p>If no, explain:</p>
<p>Has the Assistance or Service Animal ever bitten or shown aggression toward people?</p>	<p>Circle One: Yes / No</p> <p>If yes, explain:</p>

<p><i>For Office Use Only</i></p> <p>Email Notifications</p> <p>Type of Animal</p> <p><input type="checkbox"/> Assistance</p> <p><input type="checkbox"/> Service</p>	VP for Development	_____
		Date
	Director of Academic Support	_____
		Date
	Director of Facilities Department	_____
		Date
	Director of Housing	_____
		Date
	Residence Director	_____
		Date
	Hall Housekeeper	_____
		Date
	Director of Community Life	_____
	Date	
Director of Public Safety	_____	
	Date	
Director of Office of Student Success	_____	
	Date	
Director of Wellness Center	_____	
	Date	
Director of Counseling Services	_____	
	Date	

The Student Partner must make proper arrangements for the care or removal of the animal during break periods when the hall is closed or when the Student Partner will be away from their room for an extended period of time. The animal may not be left in the care of other residents while the Student Partner is away. In case of an emergency, the Student Partner gives the below individual(s) permission to access the room to collect the animal and any necessary items (food, leash, container, etc.). Generally, the Student Partner is responsible for contacting this individual(s) to make arrangements. Hall staff will do so only if the Student Partner is incapacitated or otherwise unable to do so. As much as possible, this individual(s) should reside off-campus and may not reside in University rental housing. If no one is identified or the listed individual(s) cannot be reached, the animal may be turned over to animal control or another local agency at the Student Partner's expense.

TWO LOCAL EMERGENCY CAREGIVER OPTIONS ARE RECOMMENDED

1. Alternate/Emergency Caregiver for Assistance or Service Animal, if Student Partner is Unavailable	
Name	
Address	
Phone Number	
Relationship to Student	

2. Alternate/Emergency Caregiver for Assistance or Service Animal, if Student Partner is Unavailable	
Name	
Address	
Phone Number	
Relationship to Student	

3. An additional option may be to pre-arrange emergency care with a local pet-boarding facility. An internet search for “Pet boarding in Springfield Missouri” will bring up several local options.

By my signature below, I verify that I have read, understand and will abide by the Community Standards, student partner responsibilities, and other requirements contained in *the Assistance or Service Animal* policy and forms document.

I furthermore give permission to those in charge to disclose to others impacted by the presence of my Assistance/Service Animal (e.g. Center for Student Success, Community Life, Facilities Department Staff, and potential and/or actual roommate(s)/neighbor(s)) and others that I will be living with an animal as an accommodation. I understand that this information will be shared with the intent of preparing for the presence of the Assistance/Service Animal and/or resolving any potential issues associated with the presence of the animal.

I further recognize that the presence of the Assistance/Service Animal may be noticed by others visiting or residing in University Housing and agree that staff may acknowledge the presence of the animal, and explain that under certain circumstances Assistance/Service Animals are permitted for persons with disabilities.

Resident Student Partner Signature

Date

Approvals:

Director of Academic Support (or Designee)
(Assistance Animal only)

Date

Director of Housing

Date

Director of Community Life

Date