



Service Animal Registration Form

Student Name: _____

KSU ID Number: _____

Phone Number: _____

Email Address: _____

Resident Address: _____

Do you have a disability as defined by the Americans with Disabilities Act (ADA)?

Yes No

What task(s) does the service animal perform?

Is this animal certified as a service animal (or service animal in training) through a national certifying agency?

Yes No

Name of Agency: _____

Contact Person: _____

Phone Number: _____

Email: _____

Name of animal: _____

Attach current vaccination record (*required if animal will be living in a campus residence)

Office Use Only

Date registered: _____

Registered by (SDS Staff Name): _____

Registration ID Number: _____