

Office of Disability Resources

University of Mary Washington Phone: 540-654-1266 Email: odr@umw.edu

Assistance Animal Registration Form

Assistance Animal owners/handlers are responsible for knowledge of and compliance with all <u>UMW Assistance Animal Owner/Handler Responsibilities</u>. <u>This form must be updated and submitted annually to Residence Life and Housing</u>.

Name & Banner ID:	
UMW Residence Hall and Room Number (if applicable):	
Permanent Address:	
Best contact (name and cell number) for ind	ividual with Assistance Animal:
UMW Email Address:	
Animal's Name:	
Physical description of the animal:	
Who is the emergency contact responsible f are unable to care for the animal or have to provide the name and phone number of the	leave campus unexpectedly? Please
Local/Immediate:	
Long Term:	
The complete submission of this form requir	es the following documents attached:
 Verification that the animal is current vaccinations (if required) Copy of the animal's registration from required) 	on all that veterinary-recommended the town/state in which it is registered (if
Local/Immediate Contact Signature	Date
Long Term Contact Signature	 Date