



COAHOMA COMMUNITY COLLEGE

Disability Support Services

3240 Friars Point Road Clarksdale, MS 38614 Ph: (662) 621-4853 Fax: (662) 624-6424

SERVICE ANIMAL REGISTRATION FORM

Owner's Name: _____

Owner's ID Number: _____

Owner's Address: _____

Owner's Home Phone: _____

Owner's Cell Phone: _____

Animal's
Name: _____

Type of Animal: _____

Physical Description of Animal: _____

Alternate Caregiver for Animal If Owner is Unavailable:

Name: _____

Address: _____

Phone Number: _____

Please attach the veterinarian's verification that the animal has all current recommended veterinary care and vaccinations to maintain the animal's health and prevent contagious diseases.