Housing & Residential Life

Assistance Animal Registration Form

Resident Information

Name: _____________________________________________________________________________

Building and Room Number: __________________________________________________________

Phone Number: __________________________ CSULB Email: ______________________________

Signature: _____________________________________________ Date: ___________________

Assistance Animal Information

Animal’s Name: _________________________________________________________________

Type of Animal: _________________________________________________________________

Physical Description of Animal (including breed, coloring, age, etc.):_____________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Emergency Contact for Assistance Animal

Name: _____________________________________________________________________________

Phone Number: ______________________________________________________________________

Attachments

☐ Veterinarian’s verification of all veterinary recommended vaccinations to maintain the animal’s health and prevent contagious disease

  Canine: ☐ Rabies ☐ DHLPP ☐ Bordatella

  Feline ☐ Rabies ☐ FVRCP

☐ Veterinarian’s documentation of spay/neuter

☐ Documentation of licensure (if required by city/state for animal’s breed)

☐ Photograph of the animal

☐ Signed Assistance Animal Addendum