Service Animal Request Information Form

Name of Student ____________________________________________

Breed of dog _________________________________________________

To be completed by licensed practitioner:

Practitioner Name/Title _______________________________________

Address ___________________________________________________

License or Certification number ________________________________

Specialty/qualification to make diagnosis ______________________

What work/task has the animal been trained to perform for the individual?

How does the work/task provided benefit the individual?
Specify the type of dog being requested.

___ Guide
___ Hearing
___ Service/Assistance
___ Sig (signal)
___ Seizure response
___ Psychiatric Service

To be completed by the partner:

By signing and dating below, I attest that the above named service animal has no history of biting or aggressive behavior towards other animals or persons.

I attest that I have read the attached Plymouth State University Service Animal Statement, and agree that I and my service animal will abide by its requirements.

Signature of Partner: ______________________________ Date: ____________

This form is to be submitted along with a Physical or Psychiatric Disability Provider Information form for any student requesting the use of a service animal at Plymouth State University.

Please note that all decisions on which reasonable accommodations will be granted will be made by the Disability Services Coordinator.

Please return the completed form to Plymouth State University
Attn: Disability Services Coordinator
MSC #61
Plymouth, NH 03264
(603) 535-2870 (fax)

Reviewed by USNH Legal Counsel February 15, 2016