



# COAHOMA COMMUNITY COLLEGE

*Disability Support Services*

3240 Friars Point Road Clarksdale, MS 38614 Ph: (662) 621-4853 Fax: (662) 351-1968

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## 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.***