



# Application of Approval for Service or Assistance Animal

(Note: Students with service animals are encouraged to fill out this request for information purposes only.)

## Personal Data

Name \_\_\_\_\_

Student ID \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

## Request For

- Service Animal (Definition: An animal, typically a dog, that has been trained to assist a person who has a disability.)  
 Assistance Animal (Definition: Emotional Support.)  
Note: Assistance Animals are for campus housing only.

## Type of Animal

Dog  Cat  Other (please specify) \_\_\_\_\_

## Animal Breed and Name

What is the breed and name of your animal? \_\_\_\_\_

## Additional Documentation

1. Proof of animal vaccination
2. Documentation from a health care provider or another qualified person which verifies the existence of a disability (without specifics on the nature of the disability) and disability-related need for the assistance animal.

Note: This application will not be approved until all additional documents are submitted.

## Acknowledgment

Student/applicant signature signifies that the student acknowledges and agrees to abide by IVCCD Board Policy 526 Service and Assistance Animal Policy, and the guidelines set as to, but not limited to, the location, care, and control of the approved animal.

Student Signature

Date:

**Please return the completed form to the Disability Services Office**

**ECC:** [tina.wesselmann@iavalley.edu](mailto:tina.wesselmann@iavalley.edu)

**MCC:** [martha.schwandt@iavalley.edu](mailto:martha.schwandt@iavalley.edu)

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