**Disability Services**

**For Students:**

Application-

Animal on Campus

**Disability Service Office, Room 121**

**PO BOX 70**

**Pablo MT 59855**

**Phone: (406) 275-4968**

**Fax: (406) 275-4801**

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| Please check one (Documentation must be attached, unless a renewal of the request):  \_\_\_ I have a Service Animal  \_\_\_ I am requesting to have an Emotional Support Animal as an accommodation and have  provided required documentation. I verify that the documentation is from my own  medical provider and is not a letter purchased through the Internet.  As the Owner/User of an animal on campus:   * I understand that I must follow all procedures and responsibilities as outlined in the **SKC Animals on Campus Procedure.** * I understand my animal must be at least 9 months old and that I have an already established relationship with it. * I understand that I must complete the **Animal Registration Form** and provide a current photo of my animal. * I have provided a current health certificate signed by a licensed veterinarian indicating that my animal is up-to-date on all vaccinations, including rabies, and is on a wellness program. The health records are in my name. * I understand my animal must wear a valid rabies tag at all times. * I understand my animal must wear a leash, collar, cape, harness, backpack or other visible identification that identifies it as a Service Animal or Emotional Support Animal. * I understand that my animal is spayed/neutered and I must provide verification from a licensed veterinarian. * I understand my animal must be housebroken, well-groomed, odor free, and not infected with external parasites (i.e. ticks, fleas or lice). * I understand that I am responsible for my animal’s behavior and activities while on campus, and will be financially liable for property damage or injuries. * I understand an Emotional Support Animal must be approved through the Disability Services Office as a necessary accommodation referred by a healthcare provider, and must be approved by DSO on a yearly basis. * I understand I must notify Disability Service Office if the animal is no longer needed, or is no longer residing in SKC housing.  If the animal will be replaced, I must submit a request for the other animal.   Owner/User’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_  Owner/User’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Salish Kootenai College Approval Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_  Salish Kootenai College Approval Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***All forms will be kept on file in the Disability Services Office*** |