

**Hiram College
Support Animal Policy**

SUPPORT ANIMAL REGISTRATION

Please provide the following information along with a copy of the most recent proof of rabies vaccination.

Student's/Employee's/Visitor's Name: _____

Phone Number: _____

Address: _____

Animal's Name: _____ Type: _____

License #: _____ Proof of rabies vaccination is attached: _____

Term Requesting: _____

Description of Support Animal: _____

*This policy must be renewed each academic year with updated clinical documentation from your mental health provided, a new signed contract and updated liability policy information.

I agree to comply with the HIRAM COLLEGE SERVICE AND SUPPORT ANIMAL POLICY.

Student's Signature: _____

Date: _____