ANIMAL REGISTRATION FORM

Student Information:
Name: 
Student ID: 
Home Address: 
City: State: Zip: 
Phone: Home Phone: 

Animal Information:
Type of Animal: Breed: 
Name: Color: 
Age: Weight: 
Additional Physical Descriptors: 

Veterinarian Information:
Name: 
Phone #: 
Email: 
Address: 
Last Visit Date: 

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Emergency Handler Information (If owner is unavailable):

Name: 

Address: 

Phone #: 

The following must be received prior to your animal’s presence on campus*:
(To be completed and initialed by Administration)

____________ Photo of animal

____________ Veterinarian verification of all recommended vaccinations to maintain health of the animal and prevent contagious disease

____________ Copy of New York State’s required animal license (dogs only)

*Please Note - Animal Registration Form is good for one academic year and must be completed annually

HWS Administration use only

Registration Form effective date: 

Administrator Name: 

Administrator Signature: 