

**Triton College**  
**Center for Access and Accommodative Services**  
**Service Animal Registration**  
Return to room A-125 or [caas@triton.edu](mailto:caas@triton.edu)

**Date:** \_\_\_\_\_ **Owner's/Handler's Name:** \_\_\_\_\_

**Owner's/Handlers Address** \_\_\_\_\_  
\_\_\_\_\_

**Owner's/Handler's Home Phone** \_\_\_\_\_

**Owner's/Handler's Cell Phone** \_\_\_\_\_

**Owner's/Handler's E-mail** \_\_\_\_\_

**Type of Animal** \_\_\_\_\_

**Physical Description of the Animal** \_\_\_\_\_

**Animal's Name** \_\_\_\_\_

**Attach the veterinarian's verification that the animal has all current recommended care and vaccinations to maintain the animal's health and prevent contagious diseases.**