

Concordia University Ann Arbor (CUAA)

Animal Registration Form for Emotional-Support Animals

**Animal user/owner must complete all information*

Animal User/Owner's Name: _____

Phone #: (_____) _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Animal's Name: _____

Type of Animal (check one):

Dog: _____

Color: _____

Breed: _____

Other: _____

Type: _____

Color: _____

Breed: _____

Emergency Contact Information:

Name: _____

Phone #: (_____) _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

To all visiting emotional support animal user/owners:

Please read and sign the owner statement. If your visiting emotional-support animal fails to conform to all the standards listed in the statement, it may be declined access to any or all Concordia University facilities. We appreciate your cooperation.

Signature: _____ Date: ____ / ____ / ____