**Assistance and Therapy Animal Application Form**

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| Student name |  |
| Student number |  |
| Contact number |  |
| Address | Halls ❑ Yes ☐ No |
| Animal name |  |
| Animal type |  |
| Insurance company and policy number |  |
| **Assistance dogs only:**  With what organisation is your dog registered? Please provide full details. |  |
| **Therapy animals only**:  Reason for having therapy animal |  |
| Medical evidence provided | Yes No  Please note that we require you to provide medical evidence stating why an animal is required before a decision can be made on your request. |

**For office use only**

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| Decision made: Yes No by: (name x2) Date:  Reason accepted or declined: |