**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 NoPlease 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:  |