



**SERVICE ANIMAL/PET  
IDENTIFICATION FORM AND  
IN CASE OF EMERGENCY FORM**

\_\_\_\_\_ is a tasked trained service animal who performs tasks to mitigate the effects of my disability. If we are separated in an emergency situation, please refer to this document for care instructions for \_\_\_\_\_. It is important to return this animal to its owner as soon as possible.

Owner's Name(s):

Phone:

Home:

Cell:

Work:

Address:

**DESCRIPTION OF ANIMAL**

Service Animal/Pet's Name:

Dog  Cat  Other

Breed:

Male  Female

Spayed/Neutered:  Yes  No

Primary Colors/Detailed Markings:

Microchip:  Yes  No

Brand of Microchip:

Chip No.:

Tattoo:  Yes  No

Tattoo Description:

Animal is registered with a pet recovery service:  Yes  No

Service:

Other identification markings:

**MEDICAL AND HEALTH INFORMATION**

Veterinarian contact information:

Vaccinations:  Up to date  Out of Date

Date of vaccinations:

If out of date, why?

Known medical problems and significant health history:

Currently taking medications:  Yes  No

If yes, indicate medication:

Food Allergies/Intolerances:  Yes  No

Describe:

Medication Allergies/Intolerances:  Yes  No

Describe:

Other Allergies:  Yes  No

Describe:

| <b>TEMPERMENT AND TRAINING</b>   |   |
|--|---|
| Aggressive to people: <input type="checkbox"/> Yes <input type="checkbox"/> No   | Details:  |
| Aggressive to dogs: <input type="checkbox"/> Yes <input type="checkbox"/> No     | Details:  |
| Aggressive to cats: <input type="checkbox"/> Yes <input type="checkbox"/> No     | Details:  |
| Aggressive to children: <input type="checkbox"/> Yes <input type="checkbox"/> No | Details:  |
| Stressors/Fears:   |   |
| Usual response to stressors:   |   |
| Ways of controlling stressors/fears:   |   |
| Housebroken: <input type="checkbox"/> Yes <input type="checkbox"/> No            | Crate Trained: <input type="checkbox"/> Yes <input type="checkbox"/> No |

| <b>EMERGENCY CONTACTS/DESIGNATED GUARDIANS</b>  |             |       |
|---|-------------|-------|
| <p>If I must be separated from my service animal or pet, or if he/she is found without me, contact the following individuals in the order listed below. These people are permitted to make decisions regarding _____ in the event I cannot be reached. We will be financially responsible for his care.</p> |             |       |
| Local contact:  | Home Phone: | Cell: |
| Out of area:  | Home Phone: | Cell: |
| Alternate:  | Home Phone: | Cell: |
| <p>Attach pictures of your animal (front and side view) to make identification easier:</p>  |             |       |
| Signature of owner of service animal/pet:   |             | Date: |
| <p>Return this form to:</p> <p>Danelle Johannsen<br/> Dean, Student Services<br/> 2800 Pierce Street, Suite 410<br/> Sioux City, IA 51054<br/> <a href="mailto:Danelle.Johannsen@stlukescollege.edu">Danelle.Johannsen@stlukescollege.edu</a><br/> Phone: (712) 279-3377 FAX: (712) 233-8017</p>            |             |       |
| <p>H:\SCHOOL\ADMINISTRATORS\ADMINISTRATIVE AND STUDENT SERVICES\ADMINISTRATIVE &amp; STUDENT SERVICES\FORMS\SERVICE ANIMAL.PET FORM.DOCX</p>  |             |       |