



**POLICY 800.5 ANIMALS ON CAMPUS – APPENDIX A
THERAPY AND COMPANION ANIMAL REGISTRATION FORM**

Animal User/Owner's Name: _____

Phone #: (_____) _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Animal's Name: _____

Type of Animal

Dog: Color: _____ Breed: _____

Cat: Color: _____ Breed: _____

Other: Color: _____ Breed: _____

If animal is therapy registered (e.g. TDI, TD Inc., Delta Society-Pet Partners, etc.), please list registering organization and number:

Registration #: _____

To all visiting, therapy and companion animal user/owners:

Please read and sign the User/Owner Statement for Therapy and Companion Animals (Policy 800.5, Appendix B). If your visiting, therapy, or companion animal fails to conform to all the standards listed in the statement, it may not be allowed in a Helena College facility. We appreciate your cooperation.

6/2/2014