

## Service Animal Request Form

Instructions: Please complete this request form. Sign and attach supporting documentation, i.e. proof of vaccinations, and submit to:

Clarksville Montgomery County School System

Attn: Director's Office

621 Gracey Ave.

Clarksville, TN 37040

### Student Information

First                      Middle Initial                      Last

Parent/Guardian (if student is under 18)

First                      Middle Initial                      Last

Daytime Phone

School Student Attends

Grade

Disability that requires service animal:

### Service Animal

Name

Breed    Age

Who will serve as the handler of the service animal?

First                      Middle Initial                      Last

Work or task service animal is trained to perform:

I certify that all the statements in this application and any attached documents are true and correct to the best of my knowledge and belief. I authorize investigation of all statements made on this form. I understand that false information may be grounds for rejection or revocation.

Signature of Student or Parent/Guardian

Date

For Office Use Only:

Date Received

Director of Schools

Date Approved

## Veterinarian Information

Name of Veterinarian: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State and Zip*

Phone: \_\_\_\_\_

This is to certify that the service animal listed on this registration is in good health, has been spayed or neutered, and is properly vaccinated.

- ☐ DHLPPC (Distemper, Hepatitis, Leptospirosis, Parainfluenza, Parvo, Corona)
- ☐ Bordetella
- ☐ Rabies

**Please attach a copy of the vaccination record, dated within the past year.**