

ANIMAL REGISTRATION FORM FOR THERAPY AND COMPANION ANIMALS

ANIMAL USER/OWNER'S NAME: _____

Phone number: (____)____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Animal's Name: _____

Dog breed: _____ Color: _____

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

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

Please read and sign the owner statement. If you're visiting, therapy or companion animals fail to conform to all standards listed in the statement; may not be allowed in a Montana State University facility. We appreciate your cooperation.

I have read the above policy and owner statement:

_____ Signature

_____ Print name

_____ Date