

Attachment 2 - SERVICE ANIMAL INFORMATION

To be completed for In-patient or Emergency Care of Individuals with Service Animals

Name of Service Animal: _____

Breed and Special Markings: _____

Task(s) Service Animal has been trained to do for you (patient):

If for any reason you are unable to care for your Service Animal, the following information may be beneficial for the person assigned to care for him/her:

Name of Veterinarian: _____ Phone #: _____

Does the Service Animal have any health problems? No Yes

If yes, describe: _____

Does the Service animal require medication? No Yes

If yes, list medications, dosages, time given and route of administration:

What food does your Service Animal eat? If this is a special diet, please list where it can be found or purchased?

When (time of day) does your Service Animal get fed?

Does your Service Animal use a kennel or crate? No Yes

Are there special instructions for the safe handling of your Service Animal?

Designate two individuals to care for your animal in the event that you cannot:

1. Name: _____ Phone #: _____

2. Name: _____ Phone #: _____

Is there any other information about your Service Animal that would be helpful for us to know? No Yes

Patient Signature: _____ Date/ Time: _____

Witness Signature: _____ Date/ Time: _____