



HOBART AND WILLIAM SMITH  
COLLEGES

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**ANIMAL REGISTRATION FORM**

**Student Information:**

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Animal Information:**

Type of Animal: \_\_\_\_\_ Breed: \_\_\_\_\_

Name: \_\_\_\_\_ Color: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Additional Physical Descriptors: \_\_\_\_\_

**Veterinarian Information:**

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Last Visit Date: \_\_\_\_\_



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**Emergency Handler Information (If owner is unavailable):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

**The following must be received prior to your animal's presence on campus\*:**

(To be completed and initialed by Administration)

\_\_\_\_\_ Photo of animal

\_\_\_\_\_ Veterinarian verification of all recommended vaccinations to maintain health of the animal and prevent contagious disease

\_\_\_\_\_ Copy of New York State's required animal license (dogs only)

**\*Please Note** - Animal Registration Form is good for one academic year and must be completed annually

HWS Administration use only

Registration Form effective date: \_\_\_\_\_

Administrator Name: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_