



Institutional Animal Care Program  
Privately Owned Animal Registration Form

<b>Owner Information</b>				
Name:			UNL ID #:	
UNL Email Address:				
<b>Home / Forwarding Address:</b>				
City:		State:		Zip:
<b>On Campus Address (if any)</b>				
City:		State:		Zip:
<b>Animal Information</b>				
Name:	Age:	Weight:	Breed:	Color:
**Attach a recent picture, if possible.**				
Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Caged Animal _____ <input type="checkbox"/> Other: _____				
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered			Type: <input type="checkbox"/> Service <input type="checkbox"/> Support <input type="checkbox"/> Pet <input type="checkbox"/> Other: _____	
<b>Personnel Veterinary Information:</b>				
Please attach a copy of your animal's vaccination records.				
Veterinarian Name:			Clinic Name:	
Location:			Phone No.:	
<b>Emergency Contact Information</b>				
In the event that you are not able to care for your animal, who should we contact?				

Name:	Phone:	Location: Relationship:
Name:	Phone:	Location: Relationship:

**\*\*Attestation and Signature (REQUIRED)\*\***

<p><b>Statement of Agreement</b></p> <ul style="list-style-type: none"> <li>• By signing and submitting this “Animal in Residence” form, I state that I have read, understood and agreed to abide by the conditions stated in the UNL Service Policy and the UNL Animals on Campus Policy.</li> <li>• I understand that failure to abide by this policy may result in the removal of the animal and termination of the privilege to house an animal at UNL.</li> <li>• I have provided all required documentation, including current vaccination and veterinary information.</li> </ul> <p><b>Signed:</b>_____</p> <p><b>Date:</b>_____</p>
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