



500 Kennedy Drive
Rangely, CO 81648

2801 West Ninth
Craig, CO 81625

800.562.1105
www.cncc.edu

ASSISTANCE ANIMAL APPLICATION

Instructions: Please fill out and return this application along with a letter from your licensed medical professional stating the reason for your accommodation and a health certificate from a licensed Veterinarian proving current vaccination and health records for your animal.

Email: caitlan.moore@cncc.edu

Fax: 970.675.3390

OWNER INFORMATION:

Owner's Name: _____ Student ID: _____

Owner's Address: _____

City: _____ State: _____ Zip Code: _____

Owner's Home Phone: _____ Owner's Cell Phone: _____

Owner's E-mail: _____

ANIMAL INFORMATION:

Animal's Name: _____

Species: _____ Breed: _____ Color: _____ Age: _____ Sex: _____

Level of Training*: _____

Services Animal Provides to Owner*: _____

ALTERNATE CAREGIVER:

Name: _____ Relation to Owner: _____

Address: _____

Phone Number: _____

Email Address: _____

*By submitting this application for a residential service or assistance animal, I acknowledge and agree to the terms set forth in the **CNCC Service and Assistance Animal Contract**. If I fail to meet the terms and conditions then my service or assistance animal will no longer be allowed on campus.*

Owner/Applicant Signature

Date

*If additional room is needed, continue on the back of the sheet





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Additional comments or notes if needed:

Applicant Initials

For Office Use Only:

Application: Approved Denied

Reason for approval or denial: _____

ADA Coordinator Signature: _____ Date: _____

*If additional room is needed, continue on the back of the sheet

