



Neutered/Spayed?: \_\_\_\_\_

Name of Support Animal: \_\_\_\_\_

Weight and coloration: \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_

Tag Number of Support Animal (If applicable): \_\_\_\_\_

1. Is the Support Animal seeking approval in good health and up to date on vaccinations? \_\_\_\_\_ Immunization expire on: \_\_\_\_\_
2. Have there been any complaints about your Support Animal? If so, have you paid for any damage caused by your Support Animal? If yes, please explain on a separate sheet.
3. Does your Support Animal have any behavioral problems? If yes, please explain on a separate sheet.
4. Has your Support Animal ever bitten/clawed a person or another animal? If so, explain the circumstances on an attached sheet.
5. Has your Support Animal ever been declared "dangerous" by a court of law or by the Humane Society? \_\_\_\_\_

**TO BE COMPLETED BY MANAGEMENT:**

Approved by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Montgomery County Registrations Provided? Circle either: YES NO

Montgomery County Support Animal License Number: \_\_\_\_\_

Vaccination Certificate Provided? Circle either: YES NO

Registration Fee paid, if applicable? YES NO