



Service Dog Registration Form

Owner's FIRST NAME: _____ Owner's LAST NAME: _____

Owner's CELL PHONE: _____ Alternative Phone: _____

Owner's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Name on the Campsite Reservation: _____ Campsite Number or Camping Area: _____

Vehicle Make: _____ Vehicle Model: _____ Vehicle Color: _____ Vehicle Tag: _____

Name of Dog: _____ Weight: _____ Color: _____ Breed: _____

Proof of Anti-Rabies Vaccination (Required by Suwannee County Code 14-33, Suwannee Co, Code of Ordinances):

Vaccine Valid Period: _____ Date on Tag: _____ Tag Number: _____ Other: _____

Name of Dog: _____ Weight: _____ Color: _____ Breed: _____

Proof of Anti-Rabies Vaccination (Required by Suwannee County Code 14-33, Suwannee Co, Code of Ordinances):

Vaccine Valid Period: _____ Date on Tag: _____ Tag Number: _____ Other: _____

STAFF EVALUATION:

_____ Dog must wear ID Tag with Owner's name, address, & phone number. (Suwannee Code §14-33)

_____ Dog appears Clean and Well Cared For

_____ Dog is on a Leash/Under Voice or Hand Signal Control at ALL Times

_____ Dog has an up-to-date anti-rabies vaccination tag

_____ Dog is Distracted by Smelling Other Persons or Objects

_____ Dog Relieves Itself Without the Owner's Permission or Control

NOTE: AN EMOTIONAL SUPPORT DOG OR A THERAPY DOG IS NOT A "SERVICE ANIMAL" UNDER THE AMERICANS WITH DISABILITIES ACT. ANY PERSON WHO MISREPRESENTS A PET AS A SERVICE ANIMAL COMMITS A CRIME AND IS SUBJECT TO ARREST, FINES AND PRISON UNDER SECTION 413.08(9), FLORIDA STATUTES!

Name of Staff Person Completing Form: _____

Date and Time: _____ at _____ AM /PM

05/2020