



Emotional Support Animal Registration Form

Student Name: _____

Date: _____

Cell Phone Number: _____

Email: _____

Campus Residence Hall: _____

Room Number: _____

ESA Information

Animal's Name: _____

Species: _____

Breed: _____

Sex: _____

Spayed/Neutered: _____

Color: _____

Weight: _____

Age: _____

Description of the animal (A picture of the ESA may be included):

Emergency Contact Information

You must provide for an alternate care giver/ emergency contact who will take responsibility of the ESA and remove it from campus should you, the owner, be unable to care for it. This may include but is not limited to hospitalization, illness, breaks, vacations. This person must reside **OFF** campus and must be available to remove the ESA in a timely manner as outlined in the ESA policy. Residence Life Staff and/or the Accessibility Coordinator may contact the Emergency Contact if needed.

Emergency Contact Name: _____

Cell: _____

Work: _____

Address:

Veterinarian Contact Information

Agency Name: _____

Vet Name: _____

Phone: _____ Fax: _____

Address: _____

Vaccination Information

All state and local animal licenses, where applicable, are required for the ESA. The ESA must be immunized against disease common to that type of animal. This includes but is not limited to proof of current rabies vaccination. A copy of the current licensing and immunization documentation for the animal will be kept on file. Note: This will need to be turned in to the Accessibility Coordinator on a yearly basis and prior to the ESA residing on campus.

Please attach copies of the appropriate documentation to this form.

Note: A copy of this form will be given to Residence Life professional staff if the ESA is approved.

Print Name

Sign Name