

## **EMOTIONAL SUPPORT ANIMAL AGREEMENT**

#### **Statement**

#### **Determination to Permit Emotional Support Animals**

The determination of whether an ESA will be permitted in

there must be current verification of need from the stu GHQW¶V WUHDWLQJ PHQWDO KHDOWK SURYLGHU Resource Center (DRC) which: a) verifies the individual has a physical or mental impairment that substantially limits one or more major life activities; b) describes the need for the requested accommodation; and c) identifies how the ESA alleviates the symptoms of a disability. All requests for an ESA are subject to annual review.

A request for

American Veterinary Medical Association, and provide veterinary records attesting to the fact that the ESA is not aggressive or dangerous. The request for an ESA must be made to the DRC no less than 60 days prior to the move-in date into housing. If all criteria are met to establish the need for an



ESA has been abandoned, left in the room/apartment for an extended period of time without food or water, is sick or neglected.

\_Students may not leave an ESA unattended in a room or apartment overnight without appropriate food, water, shelter and the means to relieve itself, or for an extended period of time beyond normal working/class hours. Should this occur, Residence Life will attempt to contact the student or emergency contact to remove the ESA. If this is not successful, local animal control will be contacted to have the ESA removed. All costs associated with removing the ESA shall be the responsibility of the student.

\_\_\_\_An ESA must be crated or otherwise secured when left alone.

## 2. Emergency Situations

\_\_Should an emergency situation arise (for example, flood or major facilities issue) and the student cannot be located by a Residence Life staff member, then, if appropriate and safe, Residence Life, at their discretion may remove the ESA from the room to a safe location until the student can be located.

#### 3. Health and Vaccination

\_In accordance with local ordinances and regulations, the ESA must be immunized



# **Appeals and Grievances**

A student who feels approval of an ESA was unfairly denied, may appeal the decision to the Associate Dean of Students. 7 K H \$ V V R F L D W H ' H D Q R I 6 W X G H Q W ¶ V G F final determination.

My signature below indicates that I have acknowledge receipt of the Policy for Ar	
Name Printed	Date
Signature	Date
Emergency Contact (Off-campus) for my	y emotional support animal:
Name	Relationship to you
Home Phone Number	Cell Phone Number
Fmail:	