

**Disability Support Services**  
**Emotional Support Animal (ESA) Information and Agreement Form**

I \_\_\_\_\_ have been approved to have an Emotional Support Animal (ESA) in my on-campus room at Southern Adventist University and agree to abide by the following requirements as it relates to my ESA.

**I will:**

1. Comply with local ordinances and state laws. This includes, but is not limited to, identification tags, licensing, and vaccinations as needed and required of the ESA. I will be responsible for ensuring that all vaccinations are completed and documented and the documentation is provided to the University. In addition, documentation that indicates that the ESA has been inspected by an appropriate professional (veterinarian) and that it doesn't have communicable diseases, fleas or parasites will also be obtained and provided to the University prior to moving on campus with the ESA.
2. Insure that my ESA continues to receive the needed vaccinations, preventative medicines, and inspections as needed and that this information will be provided to the University in a timely manner for as long as I live on campus with the ESA.
3. Appropriately care for and supervise the ESA (food, water, shelter, exercise). I will not abuse or neglect the ESA, or allow others to abuse the ESA.
4. Not allow the ESA to disturb, annoy, or cause any nuisance to other members of the community. I will prevent odors, noise, damage, or other disruptive conduct that disturbs members of the community or damages the premises. If concerns arise, I will allow my room and/or ESA to be inspected for fleas, ticks, other pests or signs of neglect by residence life staff. I will pay for any fumigation or other extraordinary cleaning methods or health-related processes determined necessary by the physical plant and/or residence life staff.

5. Clean up and dispose of all waste (both indoors and outdoors) in a timely and effective method as indicated by the University or University representative.
6. Agree that neither the ESA nor anything related to the ESA will be washed in the dorm.
7. Not leave the ESA alone or unattended for an extended period of time, and never for more than 12 hours.
8. Ensure that the ESA is contained within a cage or crate, as appropriate, when I am not in my room.
9. Use the most direct entry and exit route to and from my room and/or floor when entering and exiting the building with my ESA. I will keep my ESA properly restrained (e.g. on a leash that is not extended more than four feet in length or in a pet carrier) when entering and exiting my room. I will not allow my ESA to be in any other residence hall room, bathrooms, laundry facilities, indoor recreational rooms, computer labs, study rooms, floor lounges, hallways, or other areas of the residence hall. I will not take my ESA inside of any other building on campus.
10. Prevent the ESA from interfering with routine activities of the residence hall or from causing difficulties for students who reside in the building and be sensitive and accommodating to individuals with allergies and/or have a fear of animals.
11. Be financially responsible for any additional cleaning or damages that occur as a result of having the ESA on campus. This could include, but is not limited to, replacement of furniture, mattresses, flooring (including carpeting), windows, window treatments, screens, and wall coverings. I will be financially and legally responsible for any bodily damage that is caused by my ESA. I will be financially responsible for the removal fee incurred if the University deems it appropriate to remove my ESA from campus.
12. Notify the Director of Disability Support Services if the ESA is no longer required and/or present on campus and/or resubmit documentation to that office if I seek to have a different ESA.

13. Abide by all other student policies, including the "No Pets" policy.
14. When relevant, specifically discuss and set boundaries and responsibilities of the ESA with any roommate(s), suitemate(s) and/or floor mates. This includes not asking someone to care for the animal in their room without gaining permission of all roommate(s) ahead of time.
15. Consent to the inspection of my student residence for fleas, ticks, or other pests as needed. Any inspections will be scheduled in advance by Residence Life staff. Through the inspection, if fleas, ticks, or pests are detected, the residence will be fumigated through approved methods by the University staff or an outsourced, certified pest control service. If pest treatment is needed, I am financially responsible for it. If the problem is ongoing or reoccurring, I understand that my housing agreement may be terminated and/or the emotional support animal removed.

By signing this form, I understand the University:

- A) Assumes no responsibility for the care or supervision of the ESA.
- B) Retains the right to inspect my room where the ESA is kept, and/or the ESA when deemed prudent and determine if the ESA should be removed.
- C) Will remove an ESA if it poses a direct threat to the health and safety of persons on the university campus or causes physical damage to property. I also understand that I will be billed for any costs associate with removal of the ESA and any damages caused by the ESA.
- D) Will inform any roommate(s) that an ESA will be present and basic information about the ESA.

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Disability Support Services

\_\_\_\_\_  
Date