



LIMESTONE
UNIVERSITY

*Learning &
Accessibility*

Emotional Support Animal (ESA)/Service Animal Registration & Contract

Student Information

Name _____

ID # _____

Phone # _____

Limestone Email _____

Residence Hall _____ Room _____

Animal Information

Name _____

Age

Breed _____

Description (size, color, texture)

How long have you owned the animal? _____

Off Campus Emergency Contact (2 required)

In the event of an emergency, you must provide an off-campus contact that can take the animal in the event you are not able to care for it.

Name _____

Relationship _____

Phone # _____

Name _____

Relationship _____

Phone # _____

Owner's Responsibilities for an Emotional Support Animal and/or Service Animal

1. The Owner is solely responsible for the custody and care of the approved animal and must meet the following requirements:
2. The Owner must abide by the current laws, ordinances, and regulations pertaining to licensing, vaccination, and other requirements for animals. Documentation of licensing, vaccinations, and other requirements are required to be an approved animal.
3. In the case of dogs, the *animal **must be** at least 10 months* of age and must have documentation of up-to-date vaccinations.
4. The Owner must clean up after their pet and properly dispose of the animal's waste in a safe and sanitary manner. Failure to do so can result in immediate removal of the animal.
5. The Owner must ensure the animal is always well cared for. Any evidence of mistreatment or abuse may result in immediate removal of the animal as well as possible student conduct sanctions.

Copy of Immunizations

Please provide an up-to-date copy of your pet's immunization records. This is required before approval.

Signatures

I _____ understand the responsibilities of having an approved ESA/Support animal on campus and agree to the terms of the contract.

I _____ consent to disclose the presence of this animal to anyone who may be impacted (including but not limited to, housing staff, housekeeping, campus safety).

Student Signature _____ Date _____

Director of Learning and Accessibility _____ Date _____

Director or Housing and Residence Life _____ Date _____

Vice President of Student Success _____ Date _____

This section is only for Service Animals.

- 1- Is this animal required due to a disability Yes / No
- 2- Please describe the specific task/work that the animal is trained to do.
