

Appendix A

Clarkson College Emotional Support Animal Student Housing Agreement

Name of Student _____

New Student or Current?

Registration Date _____ Expected Graduation Date _____

Type and Description of Animal:

Agreement:

I have read the Clarkson College Policy for the Use of an Emotional Support Animal and agree to abide by this policy as well as any reasonable requests made of me by Clarkson College at a later date.

Initials: _____

I agree to assume all responsibility for the care, control, and supervision of the animal that I have with me at Clarkson College and that, where applicable, my animal has been licensed and up-to-date on all required vaccinations.

Initials: _____

I assume all liability for injury or damage caused by any preventable actions of my emotional support animal.

Initials: _____

I understand that I am responsible for arranging alternative care of my animal in case of emergency or required to be removed due to disruption, damage, etc.

Initials: _____

I accept responsibility for carrying out all reasonable requests made by my roommates and Clarkson College staff regarding community and personal health, safety, and comfort directly related to the presence of my animal.

Initials: _____

I understand that animal-related complaints will be investigated by the Residence Hall Coordinator and Director of Facilities with the possibility that sanctions may be imposed.

Initials: _____

I understand that my agreement will be reviewed yearly, and I must submit documentation of continued vet records.

Please provide emergency contact information:

Emergency Contact Name:

Phone #1 _____

Phone #2 _____

Address:

Email:

Veterinarian Contact Information:

Name:

Business (clinic name):

Phone:

Address:

By signing below, I verify that I have read and agree to abide by all of the stipulations outlined in this policy and in the agreements associated with this policy.

Print Name: _____

Signature: _____

Date: _____

Consent Statement:

By signing below, the student will provide written consent for the Accommodations Coordinator to disclose information regarding the request for and presence of the ESA to those individuals who may be impacted by the presence of the animal, including, but not limited to, Residence Life Staff, Facilities Staff, potential and/or actual roommates/neighbors. Such information shall be limited to information related to the animal and shall not include information related to the individual's disability.

Print Name: _____

Signature: _____

Date: _____

Review Date: