

APPLICATION FOR AN ANIMAL ON CAMPUS

Please check one (Documentation must be attached):

- I have a Service Animal
- I am requesting to have an Emotional Support Animal as an accommodation and have provided required documentation. I verify that the documentation is from my own medical provider and is not a letter purchased through the Internet.

As the Owner/User of an animal on campus:

- I understand that I must follow all procedures and responsibilities as outlined in the *SKC Animals on Campus Procedure*.
- I understand my animal must be at least 9 months old and that I have an already established relationship with it.
- I understand that I must complete the *Animal Registration Form* and provide a current photo of my animal.
- I have provided a current health certificate signed by a licensed veterinarian indicating that my animal is up-to-date on all vaccinations, including rabies. The health records are in my name.
- I understand my animal must wear a valid rabies tag at all times.
- I understand my animal must wear a leash, collar, cape, harness, backpack or other visible identification that identifies it as a Service Animal or Emotional Support Animal.
- I understand that my animal is spayed/neutered and I must provide verification from a licensed veterinarian.
- I understand my animal must be housebroken, well-groomed, odor free, and not infected with external parasites (i.e. ticks, fleas or lice).
- I understand that I am responsible for my animal's behavior and activities while on campus and will be financially liable for property damage or injuries.
- I understand an Emotional Support Animal must be approved through the Disability Services Office as a *necessary accommodation* referred by a healthcare provider.
- I understand I must notify Disability Services if the animal is no longer needed or is no longer residing in SKC Housing. If the animal will be replaced, I must submit a request for the other animal.

Owner/User's Signature: _____ Date: _____

Owner/User's Printed Name: _____

SKC Approval Signature: _____ Date: _____

SKC Approval Printed Name: _____

Department: _____ Title: _____

All forms will be kept on file in the Disability Services Office.