ESA Renewal Checklist

_____ Agreement to Abide by ESA Policy: Student will sign this form verifying they read, understand, and agree to follow all components of the ESA policy.

_____ Roommate/s Agreement: Roommate/s will need to sign a statement verifying agreement to live in the same residence as the proposed ESA. They must print their name, sign their name, and date this statement.

_____ Off-Campus Emergency Contact Information: An off-campus, alternative caretaker, must be included and will be called in the event an emergency keeps the owner away from campus for a prolonged period of time.

_____ ESA Health Documentation: Documentation must be submitted from a professional veterinarian certifying the ESA is in good health, spayed or neutered (for dogs/cats), current on all applicable state & local vaccinations, up-to-date on general maintenance vaccinations appropriate to the species.

_____ Renewal: After initial approval, a renewal agreement to abide by ESA Policy must be re-filed each subsequent academic term in which ESA is requested.

Submit all materials to WCC Room 211 OR email cssas@austincollege.edu
Agreement to Abide by Emotional Support Animal (ESA) Policy

I have submitted a copy of my emotional support animal’s up-to-date veterinary health documentation, including proof of immunization and spay/neuter record, to be kept on file in the Center for Student Success and Access Services. I have read the policy pertaining to emotional support animals and understand that I may be asked to remove my animal from Austin College for non-compliance with policies and procedures outlined within.

I understand it is my responsibility to communicate any relevant changes regarding my ESA agreement (i.e., roommate change, room change, updates to vaccinations, etc.)

I agree to have the emergency contact person I indicated to retrieve my animal from campus in the event of an emergency as outlined in this policy and in the policy updates on the CSSAS webpage. I understand that my animal must be removed from campus if I am quarantined or isolated on campus for COVID-19 related symptoms.

I understand I will need to re-apply for an ESA each academic year.

I understand that Austin College is not responsible for the care or supervision of my emotional support animal. I am responsible for the control and well-being of my emotional support animals at all times, including during emergency situations.

I understand that I must comply with all applicable local and state laws, as well as Austin College rules regarding vaccination, leash control, cleanup rules, animal health, and residential life policies.

Student Printed Name: ____________________________________________

Student Signature: _____________________________ Date: ______________

CSSAS: ____________________________________________ Date: ______________
ESA Roommate/s Agreement

ESA Owner: ____________________________________
Residence: ____________________________________
Room/Suite Number: ____________________________
ESA Name: ____________________________________
Type of Animal: _________________________________
Breed/Color: __________________________________

ROOMMATE/SUITEMATE(S):
By signing below, you agree to live in the same Austin College residence as the above-mentioned Emotional Support Animal (ESA) owner. You also understand that the ESA owner is solely responsible for the care and behavior of the animal at all times. Please refer to the ESA Policy for more information.

_________________________________  ____________________  ________
Printed Name  Signature  Date

_________________________________  ____________________  ________
Printed Name  Signature  Date

_________________________________  ____________________  ________
Printed Name  Signature  Date

RESIDENCE LIFE VERIFICATION: A staff member from the Office of Residence Life (Wright Campus Center, Room 201) must verify that the listed residence, room/suite number, and provided roommates are accurate prior to ESA approval. False or missing information will lead to the automatic denial of your application.

_________________________________  ____________________
Patrick Miller, Director  Date
ESA Off-Campus Emergency Contact Information

An off-campus, alternative caretaker, will be called in the event an emergency keeps the owner away from campus for a prolonged period of time.

Printed Name: ________________________________

Phone Number: ________________________________

Relationship to ESA Owner: _______________________