



Emotional Support Animal (ESA) in Residence Agreement

Student Name _____ WCU ID _____
Email _____ Phone _____
Housing Assignment (if known) _____
Roommate(s) Name(s) (if known) _____

Tell us about the animal:

Name _____ Age _____
Type _____ Breed _____
Veterinarian Name & Phone Number _____
Date of last required vaccinations (MUST provide documentation from licensed veterinarian) _____

EMERGENCY CONTACT

In the event of an emergency, the person below will be contacted to assume custody of the animal.

Name _____ Phone _____

Review and initial each requirement indicating you understand and will adhere to the requirement:

_____ I must comply with all state laws and local animal ordinances, as well as all West Chester University Policies and guidelines.

_____ I must comply with all required state and municipal license requirements, including current identification and vaccination tags. Dogs and cats must wear a current rabies vaccination tag. All animals must be tagged with contact information for the owner, if possible.

_____ I must provide appropriate food, water, and shelter for the animal.

_____ The animal cannot be cared for or left in the unit of other on-campus residents.

_____ I am solely responsible for the care, supervision, and cleanup of the animal, with assistance of others as necessary.

_____ I am responsible for routine maintenance of the animal, which includes flea and tick prevention. Recommended vaccinations and annual examinations must be completed. The Office of Residence Life and Housing has the right to request updated veterinary verification annually, or at any time during the animal's residency.

_____ I am responsible for instructing others on appropriate interactions with the animal and setting clear and respectful expectations.

_____ I am responsible for excessive noise or behavior that is disruptive to others and which I cannot stop.

_____ I cannot leave the animal unattended overnight or for an extended period-of-time beyond normal working/class hours.

_____ I certify that the animal is housebroken or will be crated when I am not present in the unit. I am responsible for sanitary clean-up measures.

_____ I am responsible for properly containing and disposing of all animal waste. Outdoor waste, such as feces, must be immediately retrieved and properly disposed of in an outdoor trash receptacle.

_____ I am responsible for effectively controlling the animal at all times. If I am unable to effectively control the animal, or if the animal poses a direct threat to the health or safety of others, the permission to keep the animal will be rescinded until such a time that the problem is rectified.

_____ I will not allow the animal to be neglected or abused.

_____ I will not allow the animal to produce or raise offspring while on campus.

_____ I bear sole financial responsibility for any action of the animal that causes bodily injury to individuals.

_____ I bear sole financial responsibility for the actions of the animal including damage that requires replacement of furniture, carpets, blinds, etc. I am expected to cover all costs of returning the unit to the same condition it was in at move-in. This may include cleaning all carpets and furniture to remove pet odors, dander, hair, etc. This applies to all areas of the unit, common areas, outdoor landscaping, and other outside improvements. If items cannot be satisfactorily repaired, I will be charged for the complete replacement.

_____ I understand permission may be rescinded if the animal poses a direct threat to the health or safety of others or would cause substantial physical damage to the property of others, that cannot be reduced or eliminated by another reasonable accommodation.

I _____ have read and agreed to all of the terms of the West Chester Animal in Residence Agreement. I understand that any violation of the agreement may result in West Chester University rescinding the agreement. I understand that I must communicate regularly with my roommates(s), Residence Life, and WCU Housing Services regarding any significant changes regarding my ESA. I understand that West Chester University may make reasonable changes to this agreement at any time. If such changes are made, West Chester University will distribute a copy to me.

Student Signature

Date

Parent/Guardian Signature (if under 18)

Date