



USER/OWNER AGREEMENT REGARDING RESPONSIBILITY FOR SERVICE ANIMALS (SA) AND EMOTIONAL SUPPORT ANIMALS (ESA)

*As the user/owner of a service animal, or emotional support animal, I agree to the following conditions (**initial each statement**):*

FORMS & VERIFICATIONS:

- _____ I have provided the Coordinator of Accessibility Services verification of the health of my animal, and that all vaccinations appropriate for that type of animal are current and the animal is pest free.
- _____ I understand that I must provide a verification of immunization to Accessibility Services office each academic calendar year.
- _____ I will provided the City license information to the Accessibility Office annually, if applicable.
- _____ My animal wears the license tag provided by the City at all times, if applicable, and also wears a valid vaccination tag at all times.
- _____ I understand that my animal must wear appropriate, visible and a commonly recognized identification symbol identifying that the animal is a service animal. (SERVICE ANIMAL ONLY)

ANIMAL CONTROL & LIVING CONDITIONS:

- _____ I understand that my animal must be under my full control at all times.
- _____ I am solely responsible for the supervision and care of the service or assistance animal. Under no circumstances will the assistance or service animal be under the care of anyone other than the user/owner. Should supervision or care be necessary, the assistance animal must be boarded or relocated to an off campus site where appropriate care can be administered.
- _____ I will not bring my animal onto campus if it is in estrus (heat).
- _____ I understand that my animal falls under the designated County policies and procedures for animal bites.
- _____ I understand that my animal must be tethered at all times with a leash, collar, harness, or other appropriate means while on campus.
- _____ I understand that I am responsible as possible, and reasonable for the sanitary disposal of my animal's waste in an outdoor trash receptacle while on campus.
- _____ I understand that my ESA is restricted to the owner/user's living unit. I am not allowed to bring the ESA to any other area in the residence halls including, but not limited to community shared bathrooms, lounges, offices, dining room/areas, indoor recreational

rooms, computer labs, and study rooms. The only movement permitted throughout the residence halls are to and from the living unit and the closest exit using the most efficient route. Stops are prohibited upon exit and re-entry. EMOTIONAL SUPPORT ANIMALS ONLY.

_____ I must provide appropriate food, water, and shelter for the animal and it is house broken, well-groomed, odor free, and not infected with external parasites (*i.e.*, ticks, fleas or lice).

_____ I must not leave an emotional support animal alone in a room for an extended period of time. In the event that an ESA is left alone in a room for an extended period of time and it not properly being cared for, Residence Life staff will attempt to contact the resident or the emergency contact to remove the animal. If this is not successful, Residence Life staff may notify the appropriate authority and seek to have the animal removed. All costs associated with removing the animal is the responsibility of the user/owner.

_____ I understand I must not allow the animal to be neglected nor abused.

LIABILITY & CONDUCT:

_____ I understand that I am liable and financially responsible for my animal's behavior and activities while on campus, including any bodily injury or property damage caused by it.

_____ I understand that I must follow all procedures and requirements of an animal user/owner as outlined in the Mount Mary University Policies for Emotional Support Animals and Service Animals.

_____ I understand my animal is considered a student and must adhere to the policies and procedures outlined in the student handbook including the student code of conduct and residence life policies and procedures.

User/ Owner's Signature: _____ Date: ____/____/____

User/ Owner Print Name: _____ ID# _____

Mount Mary University or Accessibility Services:

Signature: _____ Date: ____/____/____

Department: _____ Title: _____