

LewisUniversityServicænd EmotionalSupport Animal Agreement

| First Name: | Last Name: |
|--|---|
| Student ID Number: | Contact Phone: |
| Animal Name: | Animal Type <u>:</u> |
| Animal Breed: | Animal size and weight: |
| Veterinarian Name: | |
| Veterinarian Phone: | |
| <u> </u> | e or support animal must complete this form each year he/she will student is under the age of 18 then the parent will also sign the for |
| Please review etacarea and initial eachara | graph. |
| animal waste. Indoor animal waste disposed of in otside trash dumpste | he student is responsible for properly containing and disposing of a must be placed in a sturdy bag and tied securely before being ers. Outdoor animal waste, such as dog feces, must be immediatel stic bag and securely tied before being disposed of in outside trash |
| hours at any time. Dogs, in particul | d for unreasonable periods of time, and in no event for more than 2 ar, must not be left unattended for more than 12 hours at any time wher must either take the animal with him/her, or make cared for off campus. |
| All required animal immunizations file with the Academic Services Offi | s must betவுறிate and a copy of the immunizations must be on ice. |
| • | l licensed in compliance with generallycable city requirements. ust be on file with the demic Services Office. |
| Dogs and cats must be spayed or Academic Services Office. | r neutered. A copy of the veterinarian's report must be on file with t |
| Collars and tags must be worn at of emergency must be worn. | all times. A tag identifying the owner and contact information in ca |

| | The student is responsible at all times for the actions of his or her animal. The student is responsible at all times for the actions of his or her animal that disturbs others or dathe premises or personal property. | | | | |
|--------------------|---|-------|---|------|--|
| | Service/i | | | | |
| ∮a Ø160₁Td[| Td (T)12 | (he)3 | (| s)16 | |

| the University approved pest control serv student and will be added to the student's | ices. Those costs are the financial responsibility of the saccount. | | | | |
|--|--|--|--|--|--|
| If any of the expectations listed above are not met, the Office of Residence Life will work with the Academic Services Officed the resident to correct the issues. If the issues are not corrected to the satisfaction of Residence Life or Academic Services, or are severe in nature, the animal will be removed from the residence halls on a temporary or permanbasis. The student will still be allowed to reside in the residence hall anparticipantin all activities of the University. | | | | | |
| • | Lewis University Service and Emotional Support Animal concerns, or need assistance that I will cont actable mic e Life. | | | | |
| Student Signature | Date | | | | |
| Parent Signature (if necessary) | Date | | | | |

Please return this form and required documentation/records.to:rningAccess@lewisu.edutheAcademic Services office in the Learning Resource Center, room 342. Phone36-5593.