

LINDENWOOD

U N I V E R S I T Y

EMOTIONAL SUPPORT ANIMAL REQUEST FORM

Student's Name _____ Student ID _____

Campus Address _____

Phone _____ Email _____

Name of Animal _____ Weight of Animal _____ Color of Animal _____

Species of Animal _____

Vaccination & Medical History of Animal _____

Please check YES or NO to the following questions

	YES	NO
Is the animal house broken (trained to urinate and defecate outdoors or in designated area)?	<input type="checkbox"/>	<input type="checkbox"/>
Has the animal received its vaccinations as stated in the LU Service Animal and Emotional Support Animal Policy including rabies shot?	<input type="checkbox"/>	<input type="checkbox"/>
Has the animal exhibited aggressive behavior toward any person?	<input type="checkbox"/>	<input type="checkbox"/>
Has the animal exhibited aggressive behavior toward other animals?	<input type="checkbox"/>	<input type="checkbox"/>
Will the animal be staying with you in student housing?	<input type="checkbox"/>	<input type="checkbox"/>
Have precautions been made to control fleas, ticks, worms and other parasites?	<input type="checkbox"/>	<input type="checkbox"/>
Have you read the Lindenwood University Service Animal and Emotional Support Animal Policy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand your responsibilities in controlling and caring for the animal?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand the consequences in not following the policy and procedures concerning emotional support animals?	<input type="checkbox"/>	<input type="checkbox"/>

Please identify the licensed healthcare professional from whom you will provide supporting documentation of your need for an emotional support animal, as outlined in the Service Animal and Emotional Support Animal Policy:

Please provide documentation of your animal's compliance with St. Charles County, Missouri animal registration, licensure and vaccination requirements.

Please give a brief narrative about your experience relating to your disability, and share what expectations and goals you have in regards to receiving an Emotional Support Animal. Your narrative is important for us to appropriately assist you as we move forward.

I, _____, hereby acknowledge that I have read the Service Animal and Emotional Support Animal Policy and understand and agree to abide by the responsibilities as the animal handler. The answers to the above questions are true to the best of my knowledge.

Signature/Student

Date

Signature/Student Support and Accessibility Program Manager

Date

Signature/Housing

Date