

# LINDENWOOD

U N I V E R S I T Y

## NOTICE OF STUDENT SERVICE ANIMAL

Student's Name \_\_\_\_\_ Student ID \_\_\_\_\_

Campus Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of Dog \_\_\_\_\_ Weight \_\_\_\_\_ Color \_\_\_\_\_

Breed of Dog \_\_\_\_\_

What work or task has the dog been trained to perform? \_\_\_\_\_

Vaccination & Medical History of Dog \_\_\_\_\_

### Please check YES or NO to the following questions

**YES**      **NO**

Is the dog needed because of a disability?  YES       NO

Is the animal house broken (trained to urinate and defecate outdoors or in designated area)?  YES       NO

Has the animal received its vaccinations as stated in the LU Service Animal and Emotional Support Animal Policy including rabies shot?  YES       NO

Has the animal exhibited aggressive behavior toward any person?  YES       NO

Has the animal exhibited aggressive behavior toward other animals?  YES       NO

Will the animal be staying with you in student housing?  YES       NO

Have precautions been made to control fleas, ticks, worms and other parasites?  YES       NO

Have you read the Lindenwood University Service Animal and Emotional Support Animal Policy?  YES       NO

Do you understand your responsibilities in controlling and caring for the animal?  YES       NO

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

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