



# University Housing

Student Affairs

UNIVERSITY OF GEORGIA

## Emotional Support Animal Agreement

Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residence Hall/Building: \_\_\_\_\_

Room Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

UGA Email: \_\_\_\_\_

Type of Animal: \_\_\_\_\_

By my signature, I verify that I have read and understand the resident responsibilities for having an ESA in on-campus housing listed in the University's and University Housing's policies. I know I am required to notify [housing@uga.edu](mailto:housing@uga.edu) of any changes in the status of my ESA. Additionally, I understand the approval I have for my ESA is only valid for my current University Housing contract period\*. I understand I must resubmit for approval should I continue to reside in University Housing beyond the current contract period. Furthermore, I consent that relevant information regarding my ESA (i.e., notification of presence and type of animal) will be provided to any roommates/suitemates and select housing staff.

*\*for current summer conference program for conference guests or until August 1 for live-in housing staff/partners/dependents.*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Resident Signature: \_\_\_\_\_

The resident is required to identify a minimum of two alternate caregivers in case of emergency. These alternative caregivers should be prepared to take custody of the ESA within 12 hours' notice and cannot be another on-campus resident. In circumstances where an alternative caregiver must take custody, the institution does not accept liability or responsibility for the animal prior to the alternative caretaker taking custody.

In case of emergency, the following individuals can take possession of my ESA and remove it from campus within 12 hours' notice:

Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

*University Housing Use Only:*

Contract Year: \_\_\_\_\_

Date Approved by DRC/UHR:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date Agreement Received:

Date Hall Staff Notified

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date Added to TDH:  
(including photo)

Date Roommate(s) Notified (if applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Revised and approved by management team: April 11, 2023

Revised and approved by management team: August 2, 2022

Reviewed: March 19, 2019

Revised: December 15, 2016