



University Housing
Student Affairs
UNIVERSITY OF GEORGIA

Emotional Support Animal Agreement

Name: _____ Date: ____/____/____

Residence Hall/Building: _____ Room Number: _____

Cell Phone Number: _____ UGA Email: _____

Type of Animal: _____

By my signature, I verify that I understand the ESA responsibilities listed in the University's and University Housing's policies and that they are in effect for the duration of my current University Housing contract or employment with University Housing. I know I am required to notify housing@uga.edu of any changes in the status of my ESA. Furthermore, I understand the approval I have for my ESA is only valid for my current University Housing contract. I understand I must resubmit for approval should I continue to reside in University Housing beyond the current contract/terms.

Resident Signature: _____ Date: ____/____/____

In case of emergency, the following person can take possession of my ESA and remove it from campus:

Name: _____ Phone _____

University Housing Use Only:

Contract Year: _____ EID: _____

Date Agreement Received: _____ Date Hall Staff Notified
_____/_____/_____

Date Added to Shared Drive/TDH (including photo) _____ Date Roommate Notified (if applicable)
_____/_____/_____

Revised and approved by management team: August 2, 2022
Reviewed: March 19, 2019
Revised: December 15, 2016