

Contract Year/Term for which ESA is Approved
(to be completed by University Housing):



University Housing
Student Affairs
UNIVERSITY OF GEORGIA

Emotional Support Animal Agreement

Name: _____ Date: ___/___/___

Building _____ Room/Apartment # _____

Cell Phone: _____ 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 or the terms listed above. I understand I must resubmit for approval should I continue to reside in University Housing beyond the current contract/terms.

In case of emergency, who can take possession of the ESA?

Name: _____ Phone _____

Resident Signature: _____ Date: ___/___/___

University Housing Use Only:

Agreement Received Date:

___/___/___

Date Hall Staff Notified

___/___/___

Date Added to Shared Drive

___/___/___

Date Roommate Notified (if applicable)

___/___/___