**Disability Support Services**

**Emotional Support Animal (ESA) Information Sheet**

 Student Name and School ID#

Animal’s Name:

Type of animal: Breed:

Coloring/Markings:

Age: Weight: Gender: Spay/Neuter:

License #

Date of vaccinations

Date of Veterinarian check-up

**Contact person**, local person, not more than 10 miles radius from Southern Adventist University, who can and will care for the ESA, in the event of an emergency, who is not a current on-campus Southern University student:

Name Phone

Email address:

Mailing Address:

Physical Address:

**Notes:**

Printed Name of Student Signature of Student

Disability Support Services Date

cc: Housing, Grounds, Campus Safety