Texas Christian University

Emotional Support Animal (ESA) Annual Update

| Name of Student: | | |
|-----------------------------------|---|---|
| Phone Number: | | |
| TCU Email Address: | | |
| Place of Residence: | | |
| Roommate's Name: | | |
| Name of the Animal: _ | | |
| General Description of | the Animal: | |
| Alternate Local Care G | iver Name:P | hone Number: |
| • | will need to provide the following in 30 days prior to the beginning of the | nformation to the Student Disability ne fall semester: |
| 1. An updated let need for an ESA | | er that substantiates your continued |
| 2. An updated vac vaccinations ar | ccination record from the veterinari e up to date. | an showing that all required |
| | | y mental health provider and an Il (ESA) will not be allowed to return |
| Student Signature: | Da | te: |
| For Office Use Only: | | |
| Date: | Vaccination Record Received | Date: Updated Mental Health Letter Received |