***EMOTIONAL SUPPORT ANIMAL REGISTRATION FORM*[[1]](#footnote-1)**

You must complete this form and return it to TCU Student Disability Services (DS) in advance of bringing the animal to campus. If the request is made fewer than 60 days before you intend to move into University housing, Housing and Residence Life (HRL) cannot guarantee that it will be able to meet the request during the first semester or term of occupancy. Requests for animals presented in the middle of the semester may not be able to be accommodated until the following semester. You may return this form by regular mail, fax, or e-mail to (You must bring the original signed copy with you to your first meeting with DS):

Student Disability Services

Sadler Hall, Room 1010

TCU Box 297710

Fort Worth, TX 76129

Phone: 817-257-6567

Fax: 817-257-5358

E-mail address: studentdisabilityservices@tcu.edu.

Please answer the following questions:

1. Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. TCU Student Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. TCU Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Telephone Number and E-mail Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Animal Information:**

Animal’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of animal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*An ESA may be a dog, cat, small bird, rabbit, hamster, gerbil, fish, or other small, domesticated animal that is traditionally kept in the home for pleasure that does not carry the risk of zoonotic disease(s).*

Birth date/Age of animal: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Generally, a dog must be at least 9 months of age to live on campus to assure that the dog is reliably housebroken, not disruptive to other residents, and has all of the shots necessary to make it safe to be around humans and other animals that may be in residence.*

Weight\* of the animal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\**All ESA Dogs must weigh no more than 25 pounds at its full grown size.*

How long have you had the ESA? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the Animal:

Housebroken? YES\_\_\_\_ NO\_\_\_\_

Potty-trained? YES\_\_\_\_ NO\_\_\_\_

Fully vaccinated? YES\_\_\_\_ NO\_\_\_\_

**Containment of Animal.** TCU policy provides that you are responsible for ensuring that the animal is contained in its crate/cage, as appropriate, when you are not present during the day or at other times when you are not present, such as attending classes or other activities. Please explain how the animal will be contained when you are out of the residence hall (for example, to attend class or to eat your meals):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What kind and size of containment enclosure will be needed to adequately contain the ESA when you are away from the room?

Gender:  Male  Female

Has the animal been  spayed or  neutered?

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height: \_\_\_\_\_\_\_\_\_\_\_\_\_ Color: : \_\_\_\_\_\_\_\_\_\_\_\_\_

What does the animal eat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where will the animal’s food be stored? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are aware of any facts indicating the animal might be unsafe around others, or unhealthy, please state here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Veterinarian:**

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

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please include the following when submitting this request form:**

* Veterinarian’s verification that all shots/vaccinations are up to date.

Shots/Vaccinations for an ESA dog include, but are not limited to, the following: Rabies, Parinfluenza, Leptospirosis, Parvo Virus, two (2) strains of Adenovirus, and Distemper;

(Will the vaccinations need to be updated during the current school year?)

YES  NO

If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

* City of Fort Worth animal license (if applicable for this type of animal) or microchip number
* Current photograph of animal (attach)

**Alternate local caregiver for Animal (must be within 25 miles of DFW Metroplex area and not in University housing) if owner is unavailable:**

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

Relationship to Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this alternate caregiver a TCU student?  YES  NO

If yes, give TCU ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:

PHONE: E MAIL:

**TCU Policy**. Have you read and agreed to abide by the *Emotional Support Animal Policy and Procedures for University Residence Halls*?

YES  NO

Do you have any questions about that Policy, including the Part entitled “Owner Responsibilities”?

YES  NO

If yes, please explain and state your questions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Housing and Residence Life staff will answer your questions prior to the Animal’s approved move-in date. \*\*

The student signing below [“Student”] represents that the information in this *Emotional Support Animal Registration Form* is true and correct. Student fully agrees to abide by the *TCU Emotional Support Animal Policy and Procedures for University Residence Halls* [the “Policy”], including the Owner’s Responsibilities stated therein, as well as Housing and Residence Life policies, university policies, local, state, and federal laws. The Student understands and agrees that it is his/her responsibility to care for the animal and to fully cooperate with University personnel with regard to compliance with the Policy, health and safety issues, requirements for care of the animal (e.g., cleaning the animal, feeding/watering the animal, designating an outdoor relief area, disposing of feces, etc.). The Student hereby gives permission to the Student Disability Services Office to disclose to others impacted by the presence of the ESA [e.g., Housing and Residential Life staff, Fraternity/Sorority Life, potential and/or actual roommate(s)/suitemate(s)/neighbor(s)] that the Student will be living with an animal as an accommodation. The Student understands that this information will be shared with the intent of preparing for the presence of the ESA and /or resolving any potential issues associated with the presence of the ESA. The Student further recognizes that the presence of the ESA may be noticed by others visiting or residing in University Housing and agrees that staff may acknowledge the presence of the animal, and explain that under certain circumstances ESAs are permitted for persons with disabilities.

Student/Owner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

Disabilities Specialist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

HRL Staff signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_/\_\_\_\_\_\_\_\_\_

Owner’s Statement Meeting Date: \_\_\_\_/\_\_\_/\_\_\_\_

1. \*\*Keep original of this form in the student’s Student Disability Services file. Provide a copy of this form for the student to present to Housing and Residence Life (HRL). [↑](#footnote-ref-1)