

**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: _____

Vet's 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