

## **Concordia University Ann Arbor (CUAA)**

### **User/Owner Statement for Emotional Support Animals (ESA)**

As the user/owner of an emotional support animal, I have read and accept the guidelines, and make the following statements:

1. I have provided a health certificate signed by a licensed veterinarian indicating that my animal is up-to-date on all vaccinations and is on a wellness program with a veterinarian.
2. I understand that my animal must be registered with the appropriate campus Director of Academic Resources & Accessibility Services.
3. My animal is licensed and wears a valid vaccination tag at all times.
4. My animal is house broken, well-groomed, odor free, and not infected with external parasites (e.g., ticks, fleas or lice).
5. I will not bring my animal onto campus if it is in estrus (heat).
6. I understand that my animal must be on a leash at all times while on campus and when I am not in the residence hall, I understand that my animal must be in a crate or cage.
7. I understand that I am responsible for the animal and I will not leave it in the care of another person while on campus, unless I have written permission from the VP of Student Life, Dean of Students, or Director of Campus Safety.
8. I understand that I am responsible for the sanitary disposal of my animal's waste while on campus, and when needing this activity, as well as the proper exercise locations. I understand the designated location(s) on campus for proper waste management and exercise.
9. I understand that my animal will not be in areas where food is being prepared, research labs, and areas requiring protective clothing, and not walked on central campus, nor around the residence hall facilities.
10. I understand that I am liable and responsible for my animal's behavior and activities while on campus, including property damage, and am personally responsible for any normal costs incurred with damages.
11. I understand that I must follow all procedures and requirements of an animal user/owner as outlined in the Emotional Support Animal guidelines, and all other aspects of our Code of Student Conduct (articles IIE(21) and IIIC) apply when living in a campus residence hall (e.g., noise, damages, etc.). Failure to do so may result in a conduct code charge or other consequence.
12. I understand that I must work with the University to resolve complaints from CUAA community members, including hall mates, who may have concerns about animal allergies or fears.

13. I understand that any potential concerns my roommate and suitemates may have about my emotional support animal must be resolved before final approval can be granted (see signatures section below).
14. I understand that the animal must leave with me when the residence halls are closed for regular breaks and when I leave for the weekend. I understand the animal must not be kept cloistered without a bathroom break in a residence hall for long periods of time.
15. I understand that the animal will be contained in my contracted suite as my living space, which does not include my residence hall common areas, and is not allowed to visit people in other rooms and halls.
16. I understand that if the animal bites someone, I am responsible, and Concordia University is in no way liable.
17. I understand that Concordia University reserves the right to revisit this arrangement and/or accommodation every semester and in the event that the animal becomes a nuisance and/or the owner is not following the terms of the accommodation, and is able to evict me and/or my animal for not following the terms. Failure to follow any of the guidelines may result in a conduct code charge or other University consequence(s).

**Required Approval Signatures**

User/Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

User/Owner Print Name: \_\_\_\_\_

Roommate Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Roommate Print Name: \_\_\_\_\_

Suitemate (1) Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Suitemate (1) Print Name: \_\_\_\_\_

Suitemate (2) Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Suitemate (2) Print Name: \_\_\_\_\_

ARC Director Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

ARC Director Print Name: \_\_\_\_\_

**Additional Approval Signatures\***

Dean of Students Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dean of Students Print Name: \_\_\_\_\_

Facilities Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Facilities Print Name: \_\_\_\_\_

Facilities Employee Title: \_\_\_\_\_

Residence Life Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residence Life Print Name: \_\_\_\_\_

Residence Life Employee Title: \_\_\_\_\_

\*Signatures only required in certain situations