



Student Accessibility Services  
100 College Drive  
Allentown, PA 18104  
Phone: 610-606-4628  
Fax: 610-606-4673

## Emotional Support Animal Roommate Agreement Form

**This form must be completed and submitted by each roommate prior to the animal being approved to occupy the assigned space.**

Resident Name (Animal Owner): \_\_\_\_\_

Name of Animal: \_\_\_\_\_

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

Weight: \_\_\_\_\_ Size (Height/Length): \_\_\_\_\_

Age: \_\_\_\_\_ Full Grown: yes no Anticipated Adult Size: \_\_\_\_\_

**I acknowledge that my roommate (Animal Owner) is allowed to have a service or emotional support animal in our room and that I will be residing with my roommate and the animal.**

**I agree / I do not agree (circle one) to reside with the resident and the resident's animal.**

**I consent / I do not consent / NA (circle one) to allowing the animal in our common living space.**

**I understand that, should the animal become disruptive or display threatening behavior, I may make a complaint with the Resident Assistant.**

**I understand that the owner of the animal is responsible for all care (feeding, cleaning, taking the animal to relieve itself, picking up/disposing of waste etc.) and that I have no responsibility for the care of the animal.**

**I understand that the owner has an Emergency Contact Person who will be contacted if the owner is unable to care for the animal. Should the Emergency Contact Person be unwilling or unable to take care of the animal, the animal will be boarded at the owner's expense.**

**I understand that I will not be held responsible for any damages or cleaning costs associated with my roommate's animal.**

Printed Name of Roommate: \_\_\_\_\_

Residence: \_\_\_\_\_ Room Number: \_\_\_\_\_

Signature of Roommate: \_\_\_\_\_ Date: \_\_\_\_\_