



EASTERN CONNECTICUT STATE UNIVERSITY

83 WINDHAM STREET • WILLIMANTIC, CONNECTICUT 06226 • 860-465-5000

Assistance Animal Plan for Care & Agreement Form, Part I of II

Academic Year: _____

Student Contact Information

Name: _____ Student ID: _____

Cell Phone: _____ Home Phone: _____

Residence: _____ HD: _____

Animal Breed: _____ Weight: _____

Animal Name: _____ Year Born: _____

Substitute Caregiver Information (Resident in Owner's Building)

Name: _____ Cell Phone: _____

Relation to Owner: _____ Building/Room: _____

Emergency Support Animal Caregiver Contact Information (Must Live Off-Campus)

Name: _____ Relation to Owner: _____

Cell Phone: _____ Home Phone: _____

Address: _____

Plan for Care (feeding, bathing, waste cleanup, exercise, etc.):

Morning (6:00am-10:00am): _____

Mid-Day (10:00am-2:00pm): _____

Afternoon (2:00pm-5:00pm): _____

Night (5:00pm-10:00pm): _____



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Assistance Animal Plan for Care & Agreement Form, Part II of II

Please carefully read and initial the statements below.

- _____ I verify that I have read the Assistance Animal Protocol and I confirm that I will adhere to the guidelines and regulations.
- _____ I understand that my assistance animal may be removed from campus if the animal is not under control or poses a risk to the health or safety of others.
- _____ I understand that it is my responsibility to notify Housing staff immediately if my assistance animal is unable to be located.
- _____ I understand that the cleanup, grooming, and property damage of my assistance animal is my responsibility.
- _____ I understand where my assistance animal is permitted and prohibited to go on campus.
- _____ I understand that if Eastern staff feels I am in violation of animal cruelty laws, an animal control officer will be notified.
- _____ I understand that my assistance animal needs to be leashed in public locations on campus and must wear an identification tag at all times.
- _____ I verify that my assistance animal will be healthy and vaccinated before it comes onto campus.
- _____ I consent to the release of my name as well as my accommodation of an assistance animal to my roommates, suite-mates, hallmates, classmates, RAs, HDs, and other Eastern personnel, as needed.
- _____ I understand that the removal of my animal during an emergency evacuation is my responsibility.
- _____ I understand that I must check out my animal with Housing staff when leaving campus for break periods.
- _____ I understand that during walk-throughs and inspections, Housing staff might look under my bed and in my closet, if the door is open.
- _____ I understand that if I do not adhere to the expectations outlined in the Assistance Animal Protocol and in this Agreement, my assistance animal may be removed from campus.

Owner Signature: _____ Date: _____

OAS Staff Signature: _____ Date: _____