

## Emotional Support Animal Roommate Agreement Form

Academic Year: \_\_\_\_\_

Hall/Room: \_\_\_\_\_

**This document is to be completed by any roommate/suitemate of a student who is the owner of an Emotional Support Animal. Please initial that you understand the following:**

\_\_\_\_\_ I understand that I will not be held responsible for any damages or cleaning costs associated with my roommate's/suitemate's ESA.

\_\_\_\_\_ I understand that I am responsible for reporting to my Community Coordinator if the ESA displays disruptive and/or threatened behavior(s).

\_\_\_\_\_ My roommate has talked to me about having an ESA move into our shared residence.

\_\_\_\_\_ I understand that the ESA owner is 100% responsible for this ESA and that I am under no obligation to provide care in any form for this ESA.

\_\_\_\_\_ I understand that it is a violation of Capital University's policies for any roommate/suitemate to care for an ESA for an extended period of time, including overnight.

Should I have any concerns regarding the approved ESA, I will discuss my concerns with Accessibility Services or the Residential Life as appropriate. By my signature below, I acknowledge that I have reviewed and understand the Capital University Emotional Support Animal (ESA) Policy, and I agree to live with my roommate/suitemate's ESA.

### Resident:

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ESA Owner:

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Community Coordinator:

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_