



Service Animal in Training in Residence Agreement

Student Name \_\_\_\_\_ WCU ID \_\_\_\_\_
Email \_\_\_\_\_ Phone \_\_\_\_\_
Housing Assignment (if known) \_\_\_\_\_
Roommate(s) Name(s) (if known) \_\_\_\_\_

Tell us about the animal:

Name \_\_\_\_\_ Age \_\_\_\_\_
Type \_\_\_\_\_ Breed \_\_\_\_\_
Veterinarian Name & Phone Number \_\_\_\_\_
Date of last required vaccinations (MUST provide documentation from licensed veterinarian) \_\_\_\_\_

EMERGENCY CONTACT

In the event of an emergency, the person below will be contacted to assume custody of the animal.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Review and initial each requirement indicating you understand and will adhere to the requirement:

- \_\_\_\_\_ I must comply with all state laws and local animal ordinances, as well as all West Chester University Policies and guidelines.
\_\_\_\_\_ I must comply with all required state and municipal license requirements, including current identification and vaccination tags.
\_\_\_\_\_ I must provide appropriate food, water, and shelter for the animal.
\_\_\_\_\_ The animal cannot be cared for or left in the unit of other on-campus residents.
\_\_\_\_\_ I am solely responsible for the care, supervision, and cleanup of the animal, with assistance of others as necessary.
\_\_\_\_\_ I am responsible for routine maintenance of the animal, which includes flea and tick prevention.
Recommended vaccinations and annual examinations must be completed.
\_\_\_\_\_ I am responsible for instructing others on appropriate interactions with the animal and setting clear and respectful expectations.
\_\_\_\_\_ I am responsible for excessive noise or behavior that is disruptive to others and which I cannot stop.
\_\_\_\_\_ I cannot leave the animal unattended overnight or for an extended period of time beyond normal working/class hours.
\_\_\_\_\_ I certify that the animal is housebroken or will be crated when I am not present in the unit.
\_\_\_\_\_ I am responsible for properly containing and disposing of all animal waste.
\_\_\_\_\_ I am responsible for effectively controlling the animal at all times.
\_\_\_\_\_ I will not allow the animal to be neglected or abused.
\_\_\_\_\_ I will not allow the animal to produce or raise offspring while on campus.
\_\_\_\_\_ I bear sole financial responsibility for any action of the animal that causes bodily injury to individuals.

\_\_\_\_\_ I bear sole financial responsibility for the actions of the animal including damage that requires replacement of furniture, carpets, blinds, etc. I am expected to cover all costs of returning the unit to the same condition it was in at move-in. This may include cleaning all carpets and furniture to remove pet odors, dander, hair, etc. This applies to all areas of the unit, common areas, outdoor landscaping, and other outside improvements. If items cannot be satisfactorily repaired, I will be charged for the complete replacement.

\_\_\_\_\_ I understand permission may be rescinded if the animal poses a direct threat to the health or safety of others or would cause substantial physical damage to the property of others, that cannot be reduced or eliminated by another reasonable accommodation.

\_\_\_\_\_ **I must provide evidence, if requested by the University, of the Service Animal in Training's progress toward the specific task to be performed. This can be through demonstration with the specific person with a disability the animal will be assisting or through documentation from a recognized training organization.**

I \_\_\_\_\_ have read and agreed to all of the terms of the West Chester Animals on Campus Policy and this Agreement. I understand that any violation of the agreement may result in West Chester University rescinding the agreement. I understand that I must communicate regularly with my roommates(s), Residence Life, and Housing Services regarding any substantial changes involving my service animal, including but not limited to a change in animal or a change in the current animal's function. I understand that West Chester University may make reasonable changes to this agreement at any time. If such changes are made, West Chester University will distribute a copy to me.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

\_\_\_\_\_  
Date