

UNIVERSITY OF DETROIT MERCY
EMOTIONAL SUPPORT ANIMAL (ESA) AGREEMENT

I, _____, understand that I have been granted an exception to University of Detroit Mercy's Residence Life "no pets" policy as an accommodation for my documented need for a Support Animal.

The Support Animal is described as a _____ and will reside with me in _____

during these dates: _____.

My signature below indicates I accept full responsibility for my Support Animal and agree to abide by the following terms and conditions:

1. I will be solely responsible for the behavior and supervision of my Support Animal, including care, grooming, feeding, and waste disposal. If the University determines the Animal is being neglected or mistreated or has been abandoned, the University may authorize the removal of the Animal.
2. I understand the Support Animal is allowed only in my assigned residence hall room and cannot be taken to public areas on campus, except in the case of animals which need outside exercise. My Support Animal will be under my control at all times and will be on a leash, harness or other tether, or in an appropriate cage.
3. I am the only person permitted to handle, touch, care for, feed, or supervise my Support Animal.
4. I am responsible for the conduct of my Support Animal at all times, including any noise that may be disturbing to other residents. I agree to accept full responsibility for any and all property damage caused by my Support Animal to any furnishings, including rugs, floors and the like owned by the University, and I further agree to indemnify and hold the University harmless from any liability or damages arising out of personal injury to any person caused by my Support Animal.
5. I will not leave my Support Animal unattended overnight, and it will be taken with me if I should leave campus for any reason for a period in excess of three (3) hours, or when campus is closed. I understand that the need to care for a Support Animal is not in and of itself a valid reason for remaining in the residence hall when it is closed.
6. No other animal is permitted in the room to which I am assigned.
7. Before installing my Support Animal in my room, I will cooperate with Residence Life personnel to notify other residents of the presence of my Support Animal to determine if they have any conflicting disability-related or health and safety concerns because of exposure to my Animal. I further acknowledge that the Assistant Director of Student Disability Support Services and the Director of Residence Life will evaluate the situation, and in their sole and absolute discretion, determine whether the presence of my Support Animal poses a direct threat to the health or safety of others, or if its presence substantially interferes with the reasonable enjoyment of the housing or public accommodation of others.
8. My Support Animal has all legally required licenses, tags, and vaccinations, and is in good health, as verified by a licensed veterinarian. As verification of my compliance with this requirement, I will provide copies of appropriate proof of these conditions and to the Director of Disability Support Services and the Director of Residence Life. *(Vet. Verification Form to be completed)* I agree to have the health of my Animal re-certified each semester for the well-being of my Animal, my own health and that of other residents in the Hall. **THE ANIMAL MUST BE HOUSE BROKEN, WELL BEHAVED AND UNDER YOUR CONTROL AT ALL TIMES.**
9. I agree to notify the Director of Disability Support Services and the Director of Residence Life if my Support Animal is no longer needed or no longer resides with me in the residence hall. I will submit a separate request if I choose to replace my Support Animal.
10. I will hold the University harmless, and waive any claim I may have against the University for any harm or injury to my Support Animal caused by the University's use of approved and necessary materials for cleaning and maintenance of the Residence Hall, or unintentionally caused by any employee(s) of the University in the completion of their regular work responsibilities.
11. All animals must have a tag with the animal's name and a contact phone number for the resident in case of emergency unless there is a prior agreed upon exception. The tag should not have the resident's name or any information regarding the hall and room the resident resides.

Student Signature

Date

Assistant Director, Student Disability & Accessibility Support Services

Date

Director, Residence Life

Date

