



**Service Animal Registration/Emotional Support Animal Request & Housing Accommodation**

Owner Name: \_\_\_\_\_ Animal Name: \_\_\_\_\_  
Owner Cell Phone: \_\_\_\_\_ Owner Email: \_\_\_\_\_@students.fresno.edu  
Animal Type: \_\_\_\_\_ Animal Breed: \_\_\_\_\_ Animal Sex:  F  M  
Last wellness visit to licensed Veterinarian\*: \_\_\_\_\_ Date: \_\_\_\_\_  
Vaccination Type: \_\_\_\_\_ Date: \_\_\_\_\_  
Vaccination Type: \_\_\_\_\_ Date: \_\_\_\_\_  
Vaccination Type: \_\_\_\_\_ Date: \_\_\_\_\_  
Spayed or Neutered Date: \_\_\_\_\_ \*All vaccination and spay/neuter records must be attached.

**For service animals only:** Is this animal required because of a disability?  Yes  No

List the type of service, work or task the animal has been trained to provide:

**Special note: Fresno Pacific University has attempted to create clear policies and expectations for Service Animals (SAs), Emotional Support Animals (ESAs) and Owners. FPU reserves the right to address and manage issues that may arise that are not represented in this agreement.**

I have read and understand the Service Animal and Emotional Support Animal Policy and Agreement (<http://www.fresno.edu/students/academic-support/disability-services/policy>) and I agree to abide by the requirements applicable to my animal. I understand that if I fail to meet the requirements set forth in the Policy, FPU has the right to remove the ESA and I will be nonetheless required to fulfill my housing, academic, and all other obligations for the remainder of the housing contract.

I hereby give permission to the Office of Disability Access and Education to disclose to others impacted by the presence of my animal (e.g., Residence Life staff, potential and/or actual roommate(s)/neighbor(s)) that I will be living with an animal as an accommodation. I understand that this information will be shared with the intent of preparing for the presence of the SA or ESA and/or resolving any potential issues associated with the presence of the animal.

I further recognize that the presence of an ESA may be noticed by others visiting or residing in University Housing and agree that staff may acknowledge the presence of the animal and explain that under certain circumstances ESAs are permitted for persons with documented disabilities.

Signature of Owner \_\_\_\_\_ FPU ID# \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Director of Office of Disability Access and Education \_\_\_\_\_ Date \_\_\_\_\_

**Registration/Request for Housing Accommodation\*\*:**  Service Animal  Emotional Support Animal  
On-Campus Housing Assignment: \_\_\_\_\_  
(Or Preferred Housing Location) Building \_\_\_\_\_ Room # \_\_\_\_\_  
Emergency Contact for animal care: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Office Only:**  Approved  Denied  
Reason: \_\_\_\_\_  
Signature of Assistant Dean of Student Development & Residence Life \_\_\_\_\_ Date \_\_\_\_\_

\*\*For housing accommodation, this form must be submitted and approved prior to animal occupying assigned space.  
**Return this form and any applicable documentation to the Office of Disability Access and Education.**