

EMERGENCY CARE PROVIDER AUTHORIZATION FORM 25-26

In case of emergency students requesting to have an Emotional Support Animal in on-campus housing must have a plan for the care of their animal in the event of an emergency. Be prepared to provide Accessibility Services and Student Life staff with an emergency contact who can retrieve your ESA within twenty-four hours in the event that you are unable to care for the animal. However, University personnel are under no obligation to provide care or food for the animal, or to remove it in the event of an emergency.

To Whom It May Concern:

I, _____ (owner's name) _____ (Student ID#), owner of the emotional support animal described below, authorize _____ (emergency contact name) to pick up and care for my emotional support animal in the event I am unable to continue providing animal care. Should there be an emergency situation that interferes with my ability to care for or remain on campus with my ESA, my stated emergency care provider will be contacted to retrieve my emotional support animal. Upon being notified by myself or Student Accessibility Services, _____ (emergency contact name) is responsible for the removal and care of my ESA. My designated emergency care provider is required to take on guardianship and begin caring for the animal, within 24 hours of being contacted. This individual must not reside in campus housing.

In the event _____ (emergency contact name) can no longer provide care to my emotional support animal in an emergency situation, I, _____ (owner's name) understand that it is my responsibility to designate a replacement emergency care provider.

I, _____ (owner's name) accept any of the financial responsibility for the emergency care of my emotional support animal.

Emergency care provider contact information in case of emergency (provide all forms of contact):

Name:

Phone Number:

Email:

Mailing Address:

Relationship to Student:

Emotional Support Animal Profile:

Animal's name -

Type of animal -

Age, weight and sex of animal -

Description of animal (color, markings) -

Relevant medical history -

Microchip number (if applicable) -

Vaccinations (vaccination, date) -

Medications (name, dose, frequency, route of administration) -

By signing this document, I _____ (owner's name) acknowledge that it is my responsibility to designate and maintain an updated emergency care provider for my emotional support animal, as long as I am living on campus.

Owner's Name (printed): _____

Owner's Signature: _____ Date: _____

By signing this document, I _____ (emergency contact name), agree to the terms of the emergency care protocol stated above, and acknowledge that it is my responsibility to begin care for _____ (owner's name) emotional support animal within 24 hours of being contacted. In the event I am no longer able to serve as the emergency care provider, I understand that I must notify _____ (owner's name), immediately.

Emergency Contact's Name (printed): _____

Emergency Contact Signature: _____ Date: _____

Additional Emergency Contacts

Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

Local animal shelter/boarding (e.g. local veterinarian, kennel, or caregiver) information and permission to accept specific assistance animal in case of emergency

Emergency Caregiver/Boarder

Name: _____

Address: _____

City, State, Zip Code: _____