

Emotional Support Animal Student Verification

Name:			Student ID:	
Academio	Year:		Student Email:	
Please rea	d and initial e	each statement.		
	I have rea	d LMU's Emotional Support	Animal Policy and	l agree to follow the policy in its
	_	assume all responsibility for t	he care, control, and	d supervision of my emotional suppor
	animal.			
		nd that I will be subject to dis		
		s and set forth in LMU's Emo		ncurred for damage caused by my
				ncurred for damage caused by my ed necessary as a result of having my
				and that such charges will be placed
			_	rges will preclude me from being
		gister for classes.	1 2	
			ry sustained by me	or a third party which was caused by
	•	onal support animal.		
				num necessities required to care for
		ol my emotional support anim food	al:	
	a) b)	a collar and leash (for ca	ts and doos)	
	c)	crate or other containme	- /	
	d)	litter box (for cats)		
	e)	waste disposal bags		
	f)	flea/tick treatment		
	g)	grooming supplies		
	h)	sufficient funds for veter	•	6.1
				re of the minimum necessities listed
		nt I will be required to imme pus housing.	diately acquire the	e item or my animal will be removed
		carry out all reasonable rec	wests regarding th	ne care and control of my
				ny room/apartment and LMU
	staff.	support annual made by the		-y 100111, apai 01110110 arra =1 10
		nd that LMU will contact my	off-campus emerge	ency contact identified below to
	remove m	y emotional support animal fr	om campus housing	g within 24 hours of any emergency or
	if my emo	tional support animal is disru	ptive or causes dam	age.

Print Owner name:			
Owner Signature:			
Date:			
On-Campus emergency ESA Caregiver			
Print Name:			
Signature:			
Phone:			
Date:			
Off-Campus emergency ESA Caregiver			
Print Name:			
Signature:			
Phone:			
Date:			