



Lincoln Memorial University

Emotional Support Animal Student Verification

Name:		Student ID:	
Academic Year:		Student Email:	

Please read and initial each statement.

- _____ I have read LMU’s Emotional Support Animal Policy and agree to follow the policy in its entirety.
- _____ I agree to assume all responsibility for the care, control, and supervision of my emotional support animal.
- _____ I understand that I will be subject to discipline for violation of the Owner rules and regulations and set forth in LMU’s Emotional Support Animal Policy.
- _____ I understand that I will be required to pay any charges incurred for damage caused by my emotional support animal or additional cleaning deemed necessary as a result of having my emotional support animal in campus housing. I understand that such charges will be placed on my student account and that failure to pay those charges will preclude me from being able to register for classes.
- _____ I assume all liability for any bodily injury sustained by me or a third party which was caused by my emotional support animal.
- _____ I verify that I will at all times maintain the following minimum necessities required to care for and control my emotional support animal:
 - a) food
 - b) a collar and leash (for cats and dogs)
 - c) crate or other containment device
 - d) litter box (for cats)
 - e) waste disposal bags
 - f) flea/tick treatment
 - g) grooming supplies
 - h) sufficient funds for veterinary care
- _____ I understand that if at any time I do not have one or more of the minimum necessities listed above that I will be required to immediately acquire the item or my animal will be removed from campus housing.
- _____ I agree to carry out all reasonable requests regarding the care and control of my emotional support animal made by other residents of my room/apartment and LMU staff.
- _____ I understand that LMU will contact my off-campus emergency contact identified below to remove my emotional support animal from campus housing within 24 hours of any emergency or if my emotional support animal is disruptive or causes damage.

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: _____

*****Signatures are REQUIRED. Printed or Typed Names will not be accepted!**