

Emotional Support Animal (ESA) Agreement Form

Housing & Residential Life | Disability Support Services
Based on the Emotional Support Animals (ESA) Policy (Updated 3/1/2026).

Student Information

Student Name: _____ **Student ID:** _____

Email: _____ **Phone:** _____

ESA Information

Animal Type/Species: _____ **Breed (if applicable):** _____

Animal Name: _____ **Age:** _____

Sex (check one): Male Female **Spayed/Neutered (check one):** Yes No **Weight:** _____

Note: Dogs should be at least 12 months old; cats should be at least 6 months of age. Dogs and cats must be spayed/neutered before being brought into DigiPen Housing.

Veterinary & Licensing Requirements

Please submit copies of these documents to DSS along with this agreement.

- Current vaccination records
- Applicable city/county/state licensing documentation
- Most recent annual wellness exam documentation by a state-licensed veterinarian
- Verification that ESA is free of parasites/zoonotic disease risks as applicable
- A photo of ESA

By signing, the student agrees to maintain up-to-date vaccinations, licensing, and annual wellness documentation for the duration of the ESA's residence in DigiPen Housing.

Student Responsibilities (Initial Each)

GENERAL RESPONSIBILITIES

_____ The ESA is approved only as a disability-related housing accommodation and is permitted only after formal approval by Disability Support Services and DigiPen Housing.

_____ The ESA must remain within the student's privately assigned individual living space except for natural relief.

_____ When the student is not in the room, the ESA must be properly contained. DigiPen reserves the right to inspect the crate/cage.

_____ The ESA may not be left overnight at DigiPen Housing to be cared for by any individual other than the student; if the student will be away overnight or longer, the ESA must be removed from DigiPen Housing.

_____ Only one ESA is generally approved per student, and only one animal may reside in a housing unit.

_____ Neither the ESA nor its cage/crate/accessories may be washed in communal bathroom facilities.

Student Responsibilities (Initial Each)

CARE & HANDLING

_____ I am solely responsible for the custody, care, feeding, watering, cleaning, and general supervision of the ESA at all times.

_____ I will keep the ESA under my dominion and control and will not permit the ESA to go loose or run at large.

_____ I will promptly and properly clean up all waste generated by my ESA and dispose of waste daily in an appropriate outdoor trash receptacle, securely bagged.

_____ DigiPen personnel are not required to provide care or food for any ESA, including during emergencies or evacuations.

HEALTH, SAFETY & COMMUNITY IMPACT

_____ My ESA will not create unmanageable disturbances (noise/odors) or interfere with the housing community.

_____ My ESA will not pose a direct threat to the health or safety of others and will not cause substantial property damage.

_____ If pests (fleas/ticks/other) are detected, I understand the residence may be treated and I may be billed for expenses above standard pest management.

DAMAGES & FEES

_____ I understand I may be charged for any damage caused by the ESA beyond reasonable wear and tear.

_____ I understand students will be charged \$100 per day for having an unapproved animal in DigiPen Housing.

REMOVAL CONDITIONS

DigiPen may require removal of the ESA if it is not housebroken, poses a direct threat, causes substantial damage, results in a fundamental alteration of the housing program, the student fails to comply with responsibilities, or the ESA/presence creates an unmanageable disturbance.

If removal is required and the student does not comply within 24 hours, DigiPen may have the ESA removed to the nearest appropriate animal shelter and/or refer the matter to Student Conduct.

Emergency Contact (Required)

The student must identify at least one non-resident Emergency Contact who will take charge of the ESA should the student be unable to care for the ESA. This Emergency Contact must be prepared to remove the ESA from DigiPen Housing within 12 hours of notification.

EMERGENCY CONTACT #1

Name: _____

Phone Number: _____

Relationship: _____

EMERGENCY CONTACT #2

Name: _____

Phone Number: _____

Relationship: _____

If the Emergency Contact cannot or will not pick up the ESA, the ESA may be removed to a local boarding facility and boarded at the student's expense.

Disclosure Agreement

By signing this form, the student acknowledges and agrees to the following:

I authorize Disability Support Services and DigiPen Housing to disclose information regarding my Emotional Support Animal (ESA) request and the presence of the ESA to individuals who may be affected by the animal's placement. This may include, but is not limited to:

1. Residential Advisors
2. Relevant DigiPen personnel
3. Potential and/or assigned roommates

I understand that any disclosure made under this agreement will be limited solely to information about the ESA itself. I understand that these disclosures are necessary to ensure proper coordination, safety, and accommodation procedures within DigiPen housing.

Acknowledgment & Consent

- I have read and understand the Emotional Support Animals (ESA) Policy and this Agreement.
- I agree to comply with all responsibilities, conditions, and expectations for ESAs in DigiPen Housing.
- I consent to Disability Support Services and DigiPen Housing disclosing information regarding the request for and presence of the ESA to individuals who may be impacted.
- I understand that providing knowingly false information or refusing to follow appropriate direction from DigiPen personnel may result in referral to Student Conduct.

Signatures

Student Name: _____

Student Signature: _____ **Date:** _____

Policy review date: ESA policy updated on 3/1/2026