Roommate/Suitemate Agreement: Service or Support Animals



Disability Resource Center

SIGNATURE

204 North Lexington Avenue, Wilmore, Kentucky 40390 | 800.2ASBURY | asburyseminary.edu 859.858.2188 | fax: 859.858.2021 | student.services@asburyseminary.edu

EMOTIONAL SUPPORT Animal in our suite/apartment:

RESIDENCE

NAME OF ROOMMATE

TYPE OF ANIMAL

PHYSICAL DESCRIPTION OF ANIMAL (BREED/COLOR)

I agree to live in the residence with the animal. I understand that I will not be financially responsible for any damage caused by the animal and that the care and safekeeping of the animal is not in any way my responsibility. I also understand that if any misconduct or difficult issues arise due to the presence of a Service Animal or Emotional Support Animal, I will contact a Residence Life representative.

I also understand that I can revoke this agreement at any time. If I were to change my mind about agreeing to live with the animal, I will work with Residence Life staff to find a mutually agreeable housing resolution.

DATE

By signing this form, I am indicating that I have been informed of the plan of my roommate or suitemate to have the following Service Animal or