



**Office of Residence Life
Emotional Support Animal Registration Form**

This form must be submitted to the Office of Residence Life before you bring your animal to campus. **A color photo of your animal must be included with this form.**

STUDENT INFORMATION

Name: _____ SCSU ID: _____ Phone: _____

Residence Hall & Room No: _____

Permanent Address: _____

ANIMAL INFORMATION

Name: _____ Type & Breed: _____ Age: _____

Sex (M/F): _____ Spayed/Neutered (Y/N): _____ Weight(lbs.): _____

Physical Description: _____

EMERGENCY CONTACT

This individual may be contacted if you cannot be reached or are otherwise unavailable and action is needed to ensure your animal's health and wellbeing. *Emergency contacts must be located in the Greater New Haven area in order to be able to pick up and transport your animal promptly to an off-campus location until you can reunite with it. We strongly recommend you discuss possible care arrangements with this individual ahead of time.*

Name of Emergency Contact: _____ Phone: _____

Relationship to You: _____ Email: _____

VETERINARIAN

Veterinarian Name: _____ Phone: _____

Address: _____

RESIDENCE LIFE USE ONLY