

**Emotional Support Animal Procedure Acknowledgement and Information Form**

This form must be submitted and approved prior to animal occupying the assigned space.

Resident Name \_\_\_\_\_

Animal Type \_\_\_\_\_

Animal's Breed \_\_\_\_\_

Animal's Name \_\_\_\_\_

Most Recent Rabies Vaccination Date: \_\_\_\_\_  
(Record must be attached)

Spayed or Neutered Date: \_\_\_\_\_  
(Record must be attached)

**I acknowledge having read the Emotional Support Animal Procedure and agree to abide by its terms and conditions.**

\_\_\_\_\_  
Signature of Resident Date

\_\_\_\_\_  
Printed Name SHRL Apartment /Room

\_\_\_\_\_  
Signature of Director Date