

Service/Emotional Support Animal Application

Student Name: _____

IUP Address: _____

Phone Number: _____

Email: _____

What type of animal do you want to have in the premises? _____

Age? _____ Breed? _____ Sex? _____ Weight? _____

How long have you owned the animal? _____

Will you provide a reference for your animal from a previous landlord or your veterinarian?

Yes No

Is your animal regularly vaccinated and treated for fleas/ticks?

Vaccinated No Yes

Fleas No Yes/What brand? _____

Ticks No Yes/What brand? _____

Do you have someone to care for your animal in case of an emergency? No Yes

Is your animal spayed/neutered? No Yes

If No, do you plan to have your animal spayed/neutered? No Yes

Will you bring your pet for a meet and greet, if asked? No Yes

Cats Only

Is your cat trained to use the litter box? No Yes

Dogs Only

How often to you walk your dog? _____

Will you clean-up after your dog every time it goes to the bathroom and properly dispose of the waste?

No Yes

How often will your dog be left alone? _____ For how long? _____

Is your dog housebroken? No Yes

How does your dog get along with strangers? _____

Is your dog licensed? No Yes

Other Animals

Will you keep the cage/tank cleaned and dispose of waste properly? No Yes

Sign: _____

Date _____