

Assistance Animal Procedure Acknowledgement and Information Form

Resident's Information:

Resident's Name: _____

Address: _____

Phone Number: _____ Email: _____

Animal Information:

Name _____ Weight: _____

Type (Dog, Cat, etc.): _____ Age: _____

Breed: _____

Most Recent Rabies Vaccination Date: _____

(Record Must Be Attached)

Spayed or Neutered Date: _____

(Record Must Be Attached)

City of Arkadelphia License Date: _____

(Record Must Be Attached)

By my signature below, I verify that I have read, understand and will abide by the guidelines outlined in the Henderson State University's Interim Police on Assistance Animals, and I agree to provide the additional information required to complete my request for a to allow my service animal to live in my residence hall room or apartment as reasonable accommodation or to allow my assistance animal to live in my residence hall room or apartment therapy animal or emotional support animal under the Henderson State University's Interim Police on Assistance Animals . I also agree to allow Henderson State University to

release information about me relating to the presence of a potential assistance animal to current or prospective roommates/suitemates and university personnel in accordance with this policy.

I hereby agree to indemnify and hold the Henderson State University harmless from all claims including property damage or personal injuries to persons caused wholly or in part by, or resulting from the animal for which I have requested permission to live with me in my the assigned residential space at Henderson State University.

I, further voluntarily agree to bind myself and my family and heirs, and I hereby release, waive, discharge and covenant not to sue and agree to hold harmless for any and all purposes Henderson State University, the Board of Trustees of Henderson State University, and their officers, servants, agents, volunteers, or employees from any and all liabilities, demands, claims, or injury, including death, that may be sustained by me related to this request or to or by the animal for which I am request approval, including injuries sustained as a result of the negligence of the university or any other release.

Student's Signature: _____ Date: _____

Printed Name: _____

Apartment/Room: _____