



# Office of Accessibility Resources

## SERVICE ANIMAL / EMOTIONAL SUPPORT ANIMAL (ESA): ROOMMATE AGREEMENT

Animal Owner's Name:	
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Roommate:		Residence Hall:		Room#:	
SU ID#:		Ship email:		@ship.edu	

I am fully aware that my roommate is requesting to bring a service animal or emotional support animal (ESA) to reside in our shared residence on campus. If this request is approved by all appropriate university entities, I understand and agree to the following:

1. My roommate will have a(n) \_\_\_\_\_ (breed/species) as a Service Animal or Emotional Support Animal in our on-campus residence.
2. I approve of the animal's presence and confirm that I am not allergic to it.
3. I understand that I MAY volunteer to assist with tending to or caring for the animal but I am ultimately NOT responsible for doing so.
4. I understand that it is the animal owner's responsibility to clean the cage and dispose of waste both inside and outside of the room in a designated area as determined by Housing, Safety and Security, and Custodial Services Management.
5. I understand that I may refer any complaints regarding infractions of the Service Animal/Emotional Support Animal Policies or the Housing Agreement may be referred to my Residence Assistant (RA) or Residence Director (RD).
6. I understand that Shippensburg University is not responsible for any loss or damage to my personal belongings caused by the Service Animal or Emotional Support Animal.
7. I understand that I may be responsible for any damage caused to the on-campus residence if I fail to report the damage promptly as having been caused by the Student Owner's Service Animal/Emotional Support Animal.

### Signatures:

Signature:		Date:
	Student / Owner	
	Roommate	
	OAR Director	
	Residence Director / RA	