



Emotional Support Animal (ESA) Documentation

Date: _____

Student Name: _____

Campus Address: _____

Permanent Address: _____

Telephone Number: _____

Email: _____

Animal Name: _____

Species/Breed: _____

Sex: Male Female Spayed/Neutered: Yes No Age: _____

Description: _____

Non-Emergency Contact: An individual living in the Lynchburg area who will take responsibility for the ESA in case you need to be away overnight for a **school sponsored event**, or should it be necessary to remove the ESA from the residence hall.

Name: _____

Telephone: _____

Emergency Contact: An individual living in the Lynchburg area who will take immediate responsibility for the ESA in case of emergency (e.g., accident, hospitalization).

Name: _____

Telephone: _____