



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: _____

Date of Last Rabies Vaccination _____

Date of Most Recent Health Evaluation _____

Emergency Contact: An individual living within 25 miles of Lynchburg who will take immediate responsibility for the ESA in case of emergency (e.g., accident, hospitalization).

Name: _____

Address: _____

Telephone: _____