



**Learning Resources**

University of North Carolina School of the Arts  
1533 South Main Street  
Winston-Salem, NC 27127-2188

**Residence Life Programs and Housing**

University of North Carolina School of the Arts  
1533 South Main Street  
Winston-Salem, NC 27127-2188

**Emotional Support Animal Information Form**

To be completed by the Office of *Learning Resources*:

Date submitted: \_\_\_\_\_ Eligible as an individual with a disability?  Yes  No

Documentation of a disability verifies accommodation of an Emotional Support Animal in the residential environment?  Approved  Not approved

Up to date vaccination record received:  Yes  No  Not applicable

Up to date registration record (Forsyth County) received:  Yes  No  Not applicable

Approved by: \_\_\_\_\_

To be completed by the *Office of Residence Life Program & Housing*:

Date submitted: \_\_\_\_\_ Housing available:  Yes  No

Approved by: \_\_\_\_\_

**Student Information**

*Note: Student must notify the Coordinator of Learning Resources immediately of any changes in the information provided below.*

Name of student: \_\_\_\_\_

Housing Status:  Residential  Other (Specify) \_\_\_\_\_

Campus Address: Building: \_\_\_\_\_ Room: \_\_\_\_\_

Approved Emotional Support Animal information:

Name of animal: \_\_\_\_\_ Age of animal: \_\_\_\_\_

Type/breed: \_\_\_\_\_

Description of animal: \_\_\_\_\_

Identifying tags including Forsyth County Animal Control Registration Number:

\_\_\_\_\_

Date of most recent rabies vaccination\*: \_\_\_\_\_

*\*Note: Proof of animal registration with Forsyth County and proof of vaccination must be submitted to the office of Learning Resources and updated at the beginning of each academic year.*

Additional relevant information helpful to faculty, students, and staff who will need to interact with this animal:

\_\_\_\_\_  
\_\_\_\_\_

Off-Campus Emergency Contact Information (contact cannot reside in UNCSA residence halls):

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternative shelter plan in the event of an emergency: \_\_\_\_\_

\_\_\_\_\_

Student signature:

I have read and understand UNCSA's *Emotional Support Animal Regulation for On-Campus Residential Areas*. Also, I agree to notify the Office of Learning Resources immediately of any changes to the *Emotional Support Animal Information Form*.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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