



Emotional Support Animal (ESA) Emergency Caregiver Authorization Form

Students approved to have an Emotional Support Animal (ESA) in campus housing are required to maintain a plan for the animal's care in the event of an emergency. Accessibility Services and Residence Life staff must be provided with current contact information for an emergency caregiver who can retrieve and assume care of the ESA within twenty-four (24) hours if the student becomes unable to care for the animal due to hospitalization, incapacitation, emergency relocation, or abandonment. **University personnel are not responsible for the care, feeding, or removal of the ESA under any circumstances.**

STUDENT INFORMATION

Student Name: _____ RAM ID: **900** _____
Cell Phone Number: _____ ASU Email: _____
Residence Hall/Room Number: _____

EMOTIONAL SUPPORT ANIMAL (ESA) INFORMATION

Animal's Name: _____ Species/Breed: _____
Sex: M F Age: _____ Weight: _____ Color/Markings: _____

EMERGENCY CAREGIVER 1 INFORMATION (REQUIRED)

The following individual is authorized and has agreed to assume care of my ESA in the event that I am incapacitated, hospitalized, have abandoned it, or am otherwise unable to provide care.

Full Name: _____ Relationship to Student: _____
Phone Number: _____ Email: _____
Home Address: _____ Signature: _____

EMERGENCY CAREGIVER 2 INFORMATION (REQUIRED)

The following individual is authorized and has agreed to assume care of my ESA in the event that I am incapacitated, hospitalized, have abandoned it, or am otherwise unable to provide care.

Full Name: _____ Relationship to Student: _____
Phone Number: _____ Email: _____
Home Address: _____ Signature: _____



COUNSELING AND STUDENT
ACCESSIBILITY SERVICES

In the event of an emergency that prevents me from caring for or remaining on campus with my ESA, my designated emergency caregiver will be contacted and is required to retrieve the animal within 24 hours of notification. I understand that this individual must not reside off campus and not in University housing.

I accept full financial responsibility for any costs associated with the emergency care and retrieval of my ESA. I acknowledge that it is my sole responsibility to designate and maintain a current, reliable emergency caregiver for my ESA at all times while living in campus housing.

Student Signature: _____

Date: _____