



**HAMPDEN-  
SYDNEY  
COLLEGE**

## Emotional Support Animal Registration Form

(Return to Melissa Wood, Title IX and 504 Coordinator, Student Health Center)

Date: \_\_\_\_\_

### Student Information

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Student's Cell Phone #

\_\_\_\_\_  
Student's Email Address

\_\_\_\_\_  
Student's Campus Address

\_\_\_\_\_  
Student's Permanent Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip Code

Student's Signature indicates the ESA policy has been read: \_\_\_\_\_

### Emotional Support Animal Information

\_\_\_\_\_  
Animal's Name

\_\_\_\_\_  
Species

\_\_\_\_\_  
Breed

\_\_\_\_\_  
Animal's Sex

\_\_\_\_\_  
Spayed/Neutered

\_\_\_\_\_  
Color

\_\_\_\_\_  
Age & Weight

Animal Description:

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

### Emergency Contact Information

**Please provide contact information for an emergency contact who will take responsibility for your ESA and remove it from campus if you become unable to care for it due to hospitalization or other emergency situation. The emergency contact MUST reside OFF CAMPUS and be available to remove the ESA in a timely manner appropriate to the species.**

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Emergency Contact Name

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Primary Phone #

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Secondary Phone #

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Emergency Contact Address

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City/State

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Zip Code

### Veterinarian Contact Information

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Veterinarian's Name

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Veterinarian's Telephone #

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Business Name

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Business Address

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City/State

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Zip Code

### Notice of Required Vaccinations

**All current state and local animal licenses and vaccinations, where applicable, are required for your ESA. The animal must be immunized against disease(s) common to that type of animal. Virginia law requires that dogs and cats age 4 months or older be vaccinated for rabies. Please submit proof of rabies vaccination, if applicable. A copy of licensing/vaccination documentation for the animal will be kept on file and must be kept current. Please attach a copy of all appropriate documentation to this form and return to the Office of Disability Services.**