



UNIVERSITY of WISCONSIN
GREEN BAY

EMOTIONAL SUPPORT ANIMAL REQUEST FORM STUDENT REQUEST FORM

The process for requesting an Emotional Support Animal housing accommodation involves multiple steps. It requires a review of information by the Housing Review Committee which includes members from Student Accessibility Services, Housing & Residential Education, and Wellness Center. The purpose of this form is to collect more information about your identified Emotional Support Animal and help you review the responsibilities associated with ESA ownership as outlined in the UWGB Emotional Support Animal Policy.

Student name: _____

Identify your disability and why you believe having an ESA is necessary because of your disability (please add additional pages if necessary):

General Emotional Support Animal Information

- Animal name: _____
- Type of animal: _____
- Age of animal: _____
- Approximate weight of the animal: _____.
- How long have you owned the animal? _____
- Where is the animal currently located? _____
- Is the animal up to date on vaccinations? _____.

Known Emotional Support Animal Behavior

Describe your animal's general behavior/personality:

Does your animal pose, or has your animal posed in the past, a direct threat to you or others such as aggressive behavior towards or injuring you or others? If yes, please provide additional information.

Does your animal cause, or has it caused, excessive damage to housing beyond reasonable wear and tear? If yes, please provide more information.

Does your animal exhibit any behavior that would violate other students' right to peace and quiet in your housing community? If yes, please provide more information.

Emotional Support Animal Owner Considerations

The following questions are designed to outline the considerations of the ESA owner. You may not know the answers to all of the questions below at the beginning of the request process; however, at the conclusion of the approval process, you will be expected to answer yes to all.

Yes No If you currently have a roommate, have you discussed potentially having an Emotional Support Animal in your room?

Yes No Have you considered the financial costs associated with providing animal food, and supplies, updating and keeping current animal vaccination and health records, and obtaining a City of Green Bay pet license (dependent on ESA type)? You are encouraged to review any current insurance coverage you have or insurance available to you and to determine what coverage is best for you and/or your Emotional Support Animal (ex. Pet Insurance through an employer or Care Credit with your local Veterinarian).

Yes No Do you understand that as the ESA owner, you will be financially responsible for any losses or damage caused by your Emotional Support Animal? You are encouraged to review any current insurance coverage you have or insurance available to you and to determine what coverage is best for you and/or your Emotional Support Animal (ex. Rental or Homeowners Insurance).

Have you considered the responsibilities that come with Emotional Support Animal ownership?

Yes No Daily care

Yes No Not leaving your housing overnight without taking your ESA with you

Yes No Being the sole approved owner/care provider for your ESA on campus

Yes No Ensuring that your ESA remains housed, restrained, or under your control, at all times

It is recommended to identify an emergency contact that lives within 30 minutes of campus. Your emergency contact cannot currently live on campus. In the event that an Emotional Support Animal is left for an extended period of time and is not being properly cared for, Housing staff will attempt to contact you or your emergency contact to remove your ESA. If this is not successful, Housing will notify the local Humane Society and seek to have the animal removed.

Yes No Have you considered who will be identified as the emergency contact for your ESA?

Yes No Have you discussed this with the person you are considering to be your ESA emergency contact, and do they understand the expectations?

**I give permission to SAS to disclose information related to my housing accommodation request to the Housing Review Committee, Housing, and if applicable the Vice Chancellor of the University Inclusivity & Student Affairs Office. In addition, this signature authorizes SAS to contact the above provider for any additional information directly related to this request.

Signature of Student: _____ Date: _____

***Please upload this form to GB ACCESS or return it to SAS Office.**

March 2023