

**Disability Services**  
(660) 785-4478  
(660) 785-4011 fax



McKinney Building  
100 East Normal  
Kirksville, MO 63501

### **On-Campus Housing Service Animal Agreement**

A “service animal” is a dog or other animal individually trained to provide assistance to an individual with a disability. Service animals include, but are not limited to, guide dogs for the blind, hearing dogs for the deaf/hard of hearing, and service animals for individuals with physical disabilities and seizure disorders. Service animals/service dogs are not considered “pets” and are explicitly permitted under state and federal civil rights laws. The University will require documentation for a service animal consistent with the American with Disabilities Act.

As the owner/handler of a service animal, I agree to:

- Comply with any and all county, state, and/or federal licensing requirements, as appropriate for the animal, with copy of licenses submitted to the DSO.
- Follow my Veterinarian’s care recommendations and vaccinations for the animal, with a copy of the animal’s health record/vaccination record submitted to the DSO.
- Be financially responsible for any bodily injury and/or property damage caused by the animal to any individual, including the owner/handler.
- Cleanup and appropriately dispose of the animal’s waste. All animal waste must be taken to an exterior trash receptacle and cannot be thrown away inside of any University buildings.
- Be in full control of the animal at all times.
- Comply with all applicable University and Residence Life rules/policies regarding service animals on campus.

Please complete the information below and return completed form to the DSO along with **a color photo of the service animal.**

#### **Service Animal Information**

Name of Animal - \_\_\_\_\_ Breed/Color - \_\_\_\_\_

Animal Type - \_\_\_\_\_ Age/Weight - \_\_\_\_\_

City of Kirksville Registration # - \_\_\_\_\_ Neutered? Y N Gender: M F

**Student Name - \_\_\_\_\_**

**Student Campus Address - \_\_\_\_\_**

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Disability Services Director Signature

\_\_\_\_\_  
Date