Assistance Animal Agreement

The Student Handler identified below has been approved by Student Disability Services (ASDS) for the disability accommodation of having the listed Assistance Animal live with them in Colgate University Housing:

Student Handler Name: ______________________________ Student ID: __________________________
Phone Number: ___________________________________ Email Address: _________________________
Campus Address: ________________________________________________________________________
Kind of Animal: _______________________________ Name of Animal: ____________________________
Physical Description of Animal: _____________________________________________________________

ASSISTANCE ANIMAL DEFINITION: For the purposes of disability accommodation at Colgate, an animal that is recommended by a healthcare or mental health professional to provide emotional support to persons with disabilities who have a disability-related need for such support. Assistance Animals may be dogs or other animals that can provide emotional support. An Assistance Animal, unlike a service animal, may not accompany a person with a disability beyond the residential setting (e.g., to academic buildings, libraries, or dining halls) without approval from ASDS.

In accepting the accommodation of an Assistance Animal, the Student Handler is responsible for the following:

• All students must comply with all University rules regarding noise, safety, disruption, and cleanliness. The Student Handler must ensure that the Assistance Animal does not create persistent odor, noise or disturbance.

• Keeping the Assistance Animal Approval sign provided by ASDS posted on the inside of the door of the residence where the Assistance Animal is housed.

• Assistance Animals must be housebroken. The Student Handler must remove, or arrange for the removal of, the animal’s waste and dispose of all waste in a timely manner. The Student Handler must discuss the appropriate waste disposal method and/or location with residence hall facilities staff.

• When leaving the room/apartment, the Assistance Animal shall be restrained with a 6’ or shorter leash or be transported in a container. If on a leash, an identification tag must be prominently displayed.

• The Assistance Animal may not be left unattended for any unreasonable length of time. (The amount of time this Assistance Animal can be left unattended is ________________). This amount of time will be determined in consultation with the student and an appropriate professional.

• Assistance Animals must be current with appropriate immunizations and vaccinations and, when applicable, wear a rabies vaccination tag. Current immunizations and vaccinations records must be submitted to the ASDS office with this Agreement and updated as necessary.

• If the Assistance Animal is a dog, the student must comply with Madison County and/or the Village of Hamilton dog control and licensing laws, and with all responsibilities regarding animal rights and all other owner responsibilities.

• As with anyone living in campus housing, the University may bill the student for damage beyond normal wear and tear or for necessary cleaning above and beyond the standard cleaning of the room. If fleas, ticks, or other pests are detected through routine inspection, the student will be responsible for the expense of pest treatment beyond standard pest management used in University housing.
The Student Handler must inform ASDS within 10 days when the Assistance Animal is no longer living with the Student Handler.

The Student Handler must inform ASDS if the Student Handler is making any room or roommate changes, at which time a new Assistance Animal Agreement must be completed with ASDS.

The following are some, but not all, circumstances which will prompt the University to withdraw its consent for the Assistance Animal to live in University Housing:

- The animal is found to be mistreated or neglected by the Student Handler.
- The animal poses a direct threat to the health or safety of others.
- The Student Handler does not comply with the above responsibilities.
- The animal’s presence results in a fundamental alteration of the University's program or operations.
- The animal or its presence creates an unmanageable disturbance or interference.

An Alternate Caregiver must be identified to care for the animal in the event the Student Handler is unavailable due to an emergency. That Alternate Caregiver is responsible for fulfilling all obligations of the Student Handler set forth within this document for the entire duration of time that the Student Handler is unavailable.

Alternate Caregiver Name: _______________________________ Signature: ________________________
Phone number: ______________________________________ Email address: ______________________
Address: ______________________________________________________________________________

In an emergency when the Student Handler is unavailable, Colgate will attempt to contact the Alternate Caregiver. If the Alternate Caregiver is unavailable, the University will arrange with a local area private boarding facility to care for the Assistance Animal at the sole expense of the Student Handler. The Student Handler will be responsible for paying all fees associated with such emergency care, including transportation to and from the facility, room and board.

Roommate Agreement: As the roommate/suitemate of the Student Handler, I agree that the Assistance Animal designated herein may live with us in our residence hall room.

Name: ______________________________________________________________________________
Signature: ______________________________________________ Date: __________________________

In exchange for the Student Handler having permission to have the listed assistance animal live with them in Colgate University Housing, the student agrees to indemnify and hold harmless Colgate University from any liability or property damage resulting from the presence or actions of the assistance animal, during the time that the assistance animal is on University owned or operated premises.

This Agreement must be renewed yearly or if housing arrangements change during the period covered by this Agreement.

This agreement is in effect from _____________________________ through _____________________________.

Student Handler Signature: ________________________________ Date: __________________________
ASDS Director Signature: ________________________________ Date: __________________________