

**SUNY Cobleskill Residential Life Office  
Emotional Support Animal Application Request – Part B**

**Note: Students with service animals, as defined in Section 1 of Part A, are not required to complete this application.**

Student Name: \_\_\_\_\_ 800#: \_\_\_\_\_

Animal User/Owner's Name (if different from student): \_\_\_\_\_

Student Phone Number (best number to reach you): \_\_\_\_\_

Student Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student Campus Address: \_\_\_\_\_

Type of Animal:  Dog  Cat  Other (please specify): \_\_\_\_\_

Animal's Name: \_\_\_\_\_ Color: \_\_\_\_\_ Breed: \_\_\_\_\_

Animal's Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Age: \_\_\_\_\_

Confirm that your animal is housebroken:  Yes  No

Will equipment be needed for the care of the animal:  Yes  No If yes, please describe:

\_\_\_\_\_

**After the review of your documents is completed, an appointment will be scheduled with Matthew M. LaLonde, Interim Assistant Vice President for Student Affairs, to review the outlined policies and terms to maintaining your ESA on campus. The Residential Life Office will contact you to schedule the appointment.**

To be signed at the meeting:

By signing below, I am agreeing that I have reviewed all of the policies outlined regarding my support animal. I have met with and discussed expectations with Matthew LaLonde, Interim Assistant Vice President for Student Affairs. I understand that on the first violation of any stated policy, the campus reserves the right to revoke this request, and the student will be required to remove the animal from campus.

Student Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AVPSA Signature: \_\_\_\_\_ Date: \_\_\_\_\_