Service or Assistance Animal Agreement

First Name: ________________________ Last Name: ________________________

Campus ID: ________________________ Contact Phone: ________________________

Emergency Contact: ________________________

Emergency Contact: ________________________

(Must provide two emergency contacts)

Veterinarian Name & Contact: ________________________

Veterinarian License # & State: ________________________

Animal Type: ________________________

Animal Breed: ________________________

Hair Length: ________________________

Animal Weight: ________________________

Rabies Tag #: ________________________

Most Recent Rabies Vaccination Date: ________________________

(Record must be attached)

Spayed or Neutered Date: ________________________

(Record must be attached. For exceptions to this policy, please contact HRL)
Certificate of Health Date: __________

(Record must be attached)

RCDS and/or HRL may place other reasonable conditions or restrictions on the service or assistance animal depending on the nature and characteristics of the animal, including:

**Reminder:** Please attach the veterinarian’s verification that the animal has all veterinary-recommended vaccinations to maintain the animal’s health and prevent contagious disease. Also include a copy of Massachusetts required animal license (for dogs only). Verification of veterinary-recommended vaccinations for Massachusetts and animal license (for dogs only) must be updated as required by law; and provided to Residential Life Student Services.

INFORMATION REGARDING SERVICE AND ASSISTANCE ANIMALS IN MASSACHUSETTS:

https://www.mass.gov/service-details/about-service-and-assistance-animals

INFORMATION TO LICENSE YOUR DOG:


TO FIND A LOCAL VETERINARIAN:

https://www.localvets.com/ml2/?v=430291718&u=08D099E98CE0CAD60210818280F807181820EDBBF382FD88B3ED8701&keyword=veterinarians+in&device=c&matchtype=b

I verify, to the best of my knowledge, that all the information provided on this form is correct and I understand the steps I must take in order to have a service or assistance animal on campus.

I have read and agree to all of the terms of the University’s Service Animal or Assistance Animal Policy.

I understand that, should the service or assistance animal be removed from the premises for any reason, I am expected to fulfill my housing/academic/work obligations for the remainder of the Residence Hall Contract and lease for housing or academic semester or employee contract.

Office of Diversity, Equity, and Inclusion
University of Massachusetts - Boston
I understand that if I have questions, concerns, or need assistance that I will contact HRL or RCDS. I understand that any violation of the above rules may result in immediate removal of the service or assistance animal from the University and the handler will be afforded all the rights and procedures provided by the applicable grievance process.

I agree to continue to abide by all other campus and residential policies. Reasonable accommodation which may constitute an exception to a policy that otherwise would prohibit having an animal does not constitute an exception to any other policy.

I give permission to the Director of RCDS or Director of HRL or their designee to contact my animal’s veterinarian to request additional medical documentation if needed.

Students approved to have an emotional support animal on campus who are required to either quarantine or isolate will need to identify an Action Plan regarding their emotional support animal. This plan must be submitted in writing to the Assistant Director of Housing Operations and will require for you to either:

1. select and receive confirmation from an emergency contact person who would be able to retrieve your animal within 24 hours of notice
2. return home and bring your animal with you
3. develop a relationship with a local kennel to retrieve your animal.

This Action Plan must be submitted at least 5 business days prior to the student’s scheduled move in.

Student Signature: ___________________________________________ Date: ____________

Approval Signature of HRL or RCDS Staff Member: __

______________________________________________________________

Date Materials Submitted to HRL or RCDS Staff: __

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