Iowa State Univ Department of Resid	-				
			lence Policy Agreeme	nt	
assignme The re	nt due to a medical ac esident should review nce Policies available at	ccommodation OR who a and become familiar wi https://www.housing.iasta	are assigned to a designate th the applicable policies be	g an Assistance Animal in their on-campus housing d Pet Friendly on-campus apartment. elow before submitting this form: <u>ents/accommodation-requests/animals-in-residence/</u> <u>edu/policy/facilities/animals</u>	
Owner Information	1 - Please print all	information.			
First Name:			Last Name:		
ISU ID#:			ISU Email:		
Home / Forwarding	g Address				
Street Address:					
Cell Phone #:			Alt. Phone #:		
On-Campus Assign	ment (if any)				
Hall/Bldg.:			House:	Room/Apt. #:	
	•	te this form for eacl of your animal, pref		e in on-campus housing.	
Animal Name:			License #	(if applicable):	
Category:	🗖 Pet	Emotional Su	upport Animal	Service Animal	
Туре:	🗖 Cat	🗖 Dog	Caged Animal:		
Breed/Description:					
Sex:	Female	🗖 Male	Birthdate:		
Color:			Weight:		
		••••	animal's vaccination i they can be brought to		
Name:			Phone	·	
Street Address:					
Emergency Contact	t Information – In	the event you are r	not able to care for you	ur animal, who should we contact?	
Name:	Name: Phone:				
Street Address:					
Statement of Agree	ement				
 By signing and su agree to abide b Failure to abide 	ubmitting this sign y the conditions o by this policy ma y	f the animal owners y result in removal (hip as stated in the Ar of the pet and termina	, I state that I have read, understood and himal in Residence Policies listed above. Ation of my housing contract. Ind a photo of my animal.	
Signature:		Date:			
Please return this Form, Vaccination Records and Pho		tment of Residence Friley Hall, Ames, IA 50012	Fax: 515-294-0623	E-mail: housing@iastate.edu	