



University
of Houston
Clear Lake

Emotional Support Animal Procedure Acknowledgement and Information Form

This form must be submitted and approved prior to animal occupying the assigned space.

Resident Name _____

Animal Type _____

Animal's Breed _____

Animal's Name _____

Most Recent Rabies Vaccination Date: _____
(Record must be attached)

Spayed or Neutered Date: _____
(Record must be attached)

I acknowledge having read the Emotional Support Animal Procedure and agree to abide by its terms and conditions.

Signature of Resident

Date

Printed Name SHRL Apartment /Room

Signature of Director

Date