

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 necessary either with your Residence Hall Director or another Residential Life Staff member to review the outlined policies and terms to maintaining your ESA on campus. Your Residence Hall Director will contact you to schedule the appointment.

Student Printed Name: _____

Student Signature: _____ Date: _____