Iowa State Univ	•							
Department of Resid	dence (DOR)	Animals in Residence		ent				
Revised: July 2016								
Animals in Residence Agreement: Policy Available at http://housing.iastate.edu/policy/animal .								
Owner Information - Please print all information.								
Owner Name:		First 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. #:				
Animal Information	n - Please attach	a recent, clear photo of	your animal to this f	orm.				
Animal Name:			License # (it	f applicable):				
Category:	🗖 Pet	Emotional Supplementation	oort Animal	Service Animal				
Type:	🗖 Cat	Dog	Caged Animal:					
Breed/Description:	:							
Sex:	Female	🗖 Male	Age:					
Color:								
Veterinarian Information - Please attach a copy of your animal's vaccination records.								
Name:	Phone:							
Street Address:								
Emergency Contac	t Information – I	n the event you are not	able to care for your	animal, who should we contact?				
Name:	Phone:							
Street Address:								
Statement of Agreer	nent							
• By signing and submitting this signed Animal in Residence Agreement, I state that I have read, understood and agree								
 to abide by the conditions of the animal ownership as stated in the Animal in Residence Policy. Failure to abide by this policy may result in removal of the pet and termination of my housing contract. 								
 I have provided all required documentation, including vaccination records and a photo of my animal. 								
Signature:		Date:						
Office Use Only								

Office Use Only						
Form Date:	Vaccinations?:	Photo?:	Accom. Form:			
SDR Verified:	Owner Notified:	Rmmts Notified:	Animal Arrival Date:			