



**AUBURN UNIVERSITY
AT MONTGOMERY**

**CENTER FOR
DISABILITY SERVICES**

Service and Emotional Support/Comfort Animal Roommate Agreement Form

This form must be completed and submitted by each roommate prior to the animal occupying the assigned space.

Resident Name (Animal Owner): _____

Resident Name (Roommate): _____

I acknowledge that my roommate (Animal Owner) is allowed to have a service or emotional support animal in his/her room. The type of animal is a _____.

I agree / I do not agree (circle one) to reside with the resident and his/her animal.

I consent / I do not consent (circle one) to allowing the animal in the common living space.

I understand that I may complete the Service and Emotional Support Animal Grievance Form and submit it to the Center for Disability Services if the animal displays disruptive and/or threatening behavior.

I understand that I will not be held responsible for any damages or cleaning costs associated with my roommate's animal.

Printed Name of Roommate: _____

Residential Hall: _____ Room Number: _____

Signature of Roommate: _____ Date: _____

Return completed form to:

Center for Disability Services
147 Taylor Center
(334) 244-3631
cds@aum.edu