



**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](mailto:cds@aum.edu)