

**MASSACHUSETTS COLLEGE OF ART AND DESIGN
SERVICE AND EMOTIONAL SUPPORT ANIMALS**

VACCINATIONS

NAME OF ANIMAL OWNER _____

REGISTRATION DATE _____ **END DATE** _____

TYPE OF ANIMAL #1 _____

DESCRIPTION OF ANIMAL #1

LIST ALL VACCINATIONS AND DATES

AGREEMENT:

I, the undersigned, assume all responsibility for supervising the animal(s) that I have registered with Massachusetts College of Art and Design. Additionally, I assume all liability for any preventable actions of my service/support animal(s). Additionally, I accept responsibility for carrying out all reasonable requests made by my apartment mates and/or College regarding community and personal health, safety, and comfort directly related to the presence of my animal.

I have read the Massachusetts College of Art and Design Procedures regarding on-campus animal ownership and agree to abide by the guidelines and procedures listed as well as any that may be added at a later date. I understand that animal-related complaints will be investigated by the Dean of Students/Senior Director of Housing and Residence Life and sanctions may be imposed.

Owner Signature

Date