

**ALFRED STATE
OFFICE OF RESIDENTIAL SERVICES
PET-FRIENDLY RESIDENCE APPLICATION**

(Shaded cells are for office use only)

① Student Applicant Information			
Student name:		ASC Student ID:	
Campus Address:			<input type="checkbox"/>
Home Address:			
ASC E-Mail:		Preferred Telephone #:	
② Pet Information			
Pet Name:			Pet Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Species: <input type="checkbox"/> Dog (under 40 lbs.) <input type="checkbox"/> Cat <input type="checkbox"/> Rabbit	<input type="checkbox"/>	Approximate Pet Age	<input type="checkbox"/>
Breed (if known):	<input type="checkbox"/>	State of Reg. & Pet License No.	<input type="checkbox"/>
Owned since:	<input type="checkbox"/>	Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Pet Physical Description:			
Contact Info for Pet's Personal Veterinarian			
Required Documents:	<input type="checkbox"/> Proof of Applicable Current Vaccinations (NYS standard)		<input type="checkbox"/>
	<input type="checkbox"/> Veterinarian Behavioral/Temperament Evaluation		<input type="checkbox"/>
	<input type="checkbox"/> Veterinarian Health Assessment		<input type="checkbox"/>
	<input type="checkbox"/> Proof of Flea Prevention Prescription		<input type="checkbox"/>
	<input type="checkbox"/> Dogs only: Proof of Completion of Accredited Obedience Course		<input type="checkbox"/>
	<input type="checkbox"/> Acceptable quality, full body photograph/written pet description		<input type="checkbox"/>
③ Acknowledgement & Assumption of Responsibility			Initial
1. I acknowledge comprehensive financial responsibility associated with the presence of my pet.			
2. I acknowledge my full personal responsibility for the actions of my pet.			
3. I agree to participate in mandatory educational programming associated with pet-friendly residence.			
4. I agree to provide flea protection and assume full responsibility for necessary remediation.			
5. I agree to appropriately manage pet waste and to maintain a clean, healthy environment for my pet.			
6. I agree to fully comply with the ASC Pet-Friendly Residence Policy and any associated updates.			
7. In the event of dispute, I agree to fully comply with the determinations of the ASC Pet Council.			
<p>_____ Student Signature</p> <p>_____ Parent Signature (if under 18 YOA)</p> <p>_____ Date</p>		<p style="text-align: right; font-size: small;">For Office Use Only</p> <p>_____ App Received</p> <p>_____ App Reviewed by _____</p> <p>_____ Vet Documentation Received</p> <p>_____ Vet App reviewed by _____</p> <p>Status: <input type="checkbox"/> Approved <input type="checkbox"/> Declined</p>	

Full information is available at:

<http://www.alfredstate.edu/life-on-campus/housing-and-lifestyle-choices/pet-friendly-residence-policy>