



This form is to designate persons who may care for my Emotional Support Animal (ESA) when I am not able to do so. This may be the case when I need to leave my ESA with alternate care voluntarily (i.e., such as a trip home for the weekend) or if I am unable to care for my ESA for a period of time and OU administration determines that emergency alternate care must be found.

I, the owner of the ESA, \_\_\_\_\_, understand the following:

1. I am required to name two or more people, **at least one not being an OU student**, as alternate caregivers / emergency contacts when I am unable to care for my Emotional Support Animal:
  - These contacts cannot be involved with any team or activity with which we both may travel.
  - My ESA cannot be placed with an OU residential student (living in OU housing) who also has an animal living in their area (room, suite, etc.). If one of my contacts has an animal in their living space at the time needed, they will not be considered as an appropriate alternate care person.
2. In cases where I must voluntarily leave my ESA in alternate care, my ESA may not be left with a residential OU student in OU housing for more than 1 night without written permission from the Dean of Student Life (or designee).
3. In an emergency, the Dean of Student Life (or designee) will attempt to contact one of the alternate / emergency caregivers, in the order listed below. If no alternative caregiver can be found, OU will arrange with the local animal shelter (or other similar available option) to accept the animal as a surrendered animal. **I understand that I am responsible for any charges.**
4. Alternate caregivers / emergency contacts must sign below stating that they have received a copy of the Rules for Emotional Support Animals and they accept the responsibility of fulfilling all obligations of the student as required in the Rules for Emotional Support Animals for the duration of time the student is unavailable.
5. My animal's primary veterinary is (name, address, phone number):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

Should my ESA need medical care, I authorize the University administration to take my animal to a local veterinarian, with my primary veterinarian being given preference, and I am responsible for the charges.

I, the owner of the ESA, \_\_\_\_\_, understand and agree to the above stipulations regarding Alternate Care for my ESA. I have designated Alternate Contacts (on page 2 of this form), one being a person not living in OU housing, who will be contacted in the order listed, although primary preference may be given to the person not living in OU housing, at the discretion of the Dean of Student Life (or designee):



**ALTERNATE CONTACTS INFORMATION**

Alternate contacts please sign and AFFIRM YOU HAVE READ AND AGREE TO [Rules for ESA on CAMPUS](#)

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1. I have read and agree to: HAVE READ THIS FORM AND AGREE TO THE RULES FOUND HERE: [Rules for ESA on CAMPUS](#). I verify that I DO / DO NOT (circle one) live in OU housing.

\_\_\_\_\_  
Name Phone Number Address

2. I have read and agree to: HAVE READ THIS FORM AND AGREE TO THE RULES FOUND HERE: [Rules for ESA on CAMPUS](#). I verify that I DO / DO NOT (circle one) live in OU housing.

\_\_\_\_\_  
Name Phone Number Address

3. I have read and agree to: HAVE READ THIS FORM AND AGREE TO THE RULES FOUND HERE: [Rules for ESA on CAMPUS](#). I verify that I DO / DO NOT (circle one) live in OU housing.

\_\_\_\_\_  
Name Phone Number Address

4. I have read and agree to: HAVE READ THIS FORM AND AGREE TO THE RULES FOUND HERE: [Rules for ESA on CAMPUS](#). I verify that I DO / DO NOT (circle one) live in OU housing.

\_\_\_\_\_  
Name Phone Number Address

5. I have read and agree to: HAVE READ THIS FORM AND AGREE TO THE RULES FOUND HERE: [Rules for ESA on CAMPUS](#). I verify that I DO / DO NOT (circle one) live in OU housing.

\_\_\_\_\_  
Name Phone Number Address