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**Guidelines and Agreement:**  
**Service Animals for Commuting Students**  
(non-Housing, non-Employment settings)

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**Partner Responsibilities:**

All service animals on campus must meet the following requirements in addition to those outlined in the *UCSC Service/Support Animal Policy and Procedures*:

1. Provide the following registration:
  - a) Partner must register their animal with Santa Cruz County Animal Services.
  - b) Partner must keep all required vaccinations up-to-date.
  - c) The animal must have identification at all times.
2. A partner may be directed to remove an animal that is unruly (e.g. barking excessively, running around, bringing attention to itself, jumping up on people, exhibiting aggressive behavior) if the partner is unable or unwilling to take effective action to control the service animal.
3. The service animal must be leashed using a leash that is 6' in length or less, harness or tether unless (1) the partner is unable to use a leash, harness, or tether due to disability or (2) use of such a restraint would impede the service animal's safe and effective performance of its work or task.
4. All services animals must be housebroken. Partner must clean up after the animal. The partner is financially responsible for the actions of the animal including bodily injury or property damage.
5. The partner must be familiar with all aspects of the UCSC Service/Support Animal Policy.
6. Student partners should notify the Disability Resource Center in writing if the animal is no longer needed as a service animal. When replacing or substituting a service animal, the partner should submit revised registration information.
7. Partner agrees to abide by campus policies; students also agree to abide by the student code of conduct. An explicit exception to a specific policy that prohibits individuals from bringing animals on campus shall not constitute an exception to any other policy that prohibits the presence of animals on campus.

By my signature below, I verify that I have read, understand and will abide by the Guidelines outlined here.

Partner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Partner Signature: \_\_\_\_\_

Disability Resource Center: \_\_\_\_\_ Date: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_

Animal name: \_\_\_\_\_

License: \_\_\_\_\_

County of licensure: \_\_\_\_\_