## **SUNY Canton The Pet Wing**

## **Pet Request**

| Nam                   | ne  | Date  |                               |                  |               |        |
|-----------------------|---|---|-------------------------------|------------------|---------------|--------|
| Add                   | ress  | Phor  | ne                            |                  |               |        |
|                       | (If currently a resident, us  | Phore campus address)   |                               |                  |               |        |
| City, State, Zip Code |   |   | Gender                        | M or             | F             |        |
| in th                 | ne pet wing contract, where wiresses.)  | Formation for your pet (if your plant) it be sent? Please note that se  | condary home                  | s MUST be of     | f-campus      | listed |
| Add                   | ress  | Phor  | ne                            |                  |               |        |
| Туре                  | e of Pet  | Name of Pe  | t                             |                  |               |        |
| Size                  | and Type of Cage  | include a photo of your pet with  | Gender<br>th your applica     | M or             | F             |        |
| 1.                    | Is the animal required to be licensed by New York or Federal Law? Yes No If YES, then attach the proper documentation when submitting this request.   |   |                               |                  |               |        |
|                       | Additionally, all felines murecords for this as well). Pl   | to-date copy of Feline Leukem ast be de-wormed or have had a ease also note that vaccinations ar the animal lived in the pet with | a fecal exam was must be upda | ithin the last y | ear (please i |        |
| 2.                    | Has the animal been spaye   | d or neutered? Yes  | No                            |                  |               |        |
| 3.                    | What is the animal's age (felines must be older than 12 weeks) and for how long have you had the animal (we require a minimum of 3 weeks)?  |   |                               |                  |               |        |
| 4.                    | If the animal has scent glands (such as a ferret), have they been removed?YesNo **Any ferret needs an up-to-date copy of Rabies and Distemper vaccinations included with this request form. |   |                               |                  |               |        |
| 5.                    | Please outline the type of care your pet requires. Include feeding, maintenance, and health requirements.   |   |                               |                  |               |        |
| 6.                    | Please describe your pet's lanimals? Around other peo   | nealth and behavioral history. F  | How does your                 | pet behave ar    | ound other    |        |

| 7.   | Please give a brief statement of why you would like to  | have your pet with you while at SUNY Canton.    |  |  |  |
|--|---|---|--|--|--|
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|  |   |   |  |  |  |
| neces  | are required to provide documentation from your veters sary shots and vaccinations. Required shots and vaccived within the last 12 months.                                  | · ·   |  |  |  |
| If documentation is not provided, your pet WILL NOT be approved and you WILL NOT be able to bring your pet to college. |   |   |  |  |  |
| camp   | oval of this request is not automatic and you must wait fous. Unapproved pets may be confiscated by the Resident<br>oval/rejection via your campus e-mail address from your | ce Life Staff. You will receive notification of |  |  |  |
| <br>Signat   | ture of Community Resident  |   |  |  |  |
| C  | ·   | Date  |  |  |  |
| Signat   | ure of Residence Hall Director  | Date  |  |  |  |
|  | ⊾Approved   |   |  |  |  |
| *  | Disapproved   |   |  |  |  |