



EMOTIONAL SUPPORT ANIMAL EMERGENCY CAREGIVER CONTACT

FORM PURPOSE

In an emergency that makes it impossible for you to arrange care for your emotional support animal, the housing authority will contact the caregiver(s) you identify on this form to pick up and care for your animal until you are able to care for it.

If your primary caregiver is a housing authority tenant (i.e. lives in Saskatchewan Housing Corporation housing), please identify a secondary caregiver.

PRIMARY CAREGIVER INFORMATION

First Name

Last Name

Address

City/Town

Postal Code

Phone

Email

SECONDARY CAREGIVER INFORMATION

First Name

Last Name

Address

City/Town

Postal Code

Phone

Email

TENANT DECLARATION

- I understand that if the housing authority cannot reach my caregiver or if my caregiver does not pick up my emotional support animal, the housing authority will arrange for the appropriate authorities (e.g. bylaw enforcement or animal shelter) to pick up the animal.
- I understand I must inform the housing authority when a caregiver or their contact information changes.

SIGNATURES

Tenant Signature

Date (MM/DD/YYYY)

Primary Caregiver Signature

Date (MM/DD/YYYY)

Secondary Caregiver Signature

Date (MM/DD/YYYY)