University of Vermont | Office of Accessibility Services

Request for an Emotional Support Animal (ESA) in Campus Housing

This form was created under guidance from the U.S. Department of Housing and Urban Development (HUD) to support an individualized review for a student's request for an emotional support animal in campus housing at UVM. There are four (4) parts to this request form:

PART 1: STUDENT ESA REQUEST

To be completed by the student (page 2). Indicates the student's request and identifies the specific animal they are requesting as the ESA.

PART 2: ESA SUPPORTING DOCUMENTATION

To be completed by the mental health care provider (pages 3-5). The provider should be a licensed mental health care professional with a history of providing care to the student and who has recommended the proposed ESA as part of a therapeutic treatment plan. Documentation purchased through a website who obtains information regarding the student's disability-related need for an ESA via an online questionnaire and/or brief interview is typically not sufficient for determining eligibility of an ESA.

PART 3: VETERINARIAN CERTIFICATON FOR ESA (Required for cats, dogs, rabbits)

To be completed by a veterinarian (page 6). Certification must confirm that: 1) immunizations are current, 2) rabies vaccination is current, 3) the animal has been spayed or neutered, and 4) the animal is at least 6 months old.

PART 4: EMERGENCY CONTACT INFORMATION

To be completed by the student (page 7). In the unlikely event that the student is unable to care for the ESA, an emergency contact will be responsible for assuming care of the animal. Provide two (2) emergency contacts.

Requests are complete and will be reviewed for eligibility when:

- All four (4) parts of the form are submitted to Student Accessibility Services (SAS), and
- The student has met with their Specialist regarding this request.

Requests completed within 3 weeks of the start of the semester may not be reviewed for up to 5 weeks.

Submit this completed form to Student Accessibility Services (SAS) in one of the following ways:

- **Email:** access@uvm.edu
- **Fax:** 802-656-0739
- **Mail:** Student Accessibility Services, UVM, 633 Main Street A-170 Living/Learning, Burlington, VT 05405
- **Submit the form online via Accommodate:** go.uvm.edu/accommodate

If you need help or have questions about this form, call Student Accessibility Services at 802-656-7753.

Student Request for an Emotional Support Animal (ESA) in Campus Housing

TO BE COMPLETED BY THE STUDENT

Student: _____

Date: _____

UVM Student ID#: 95-_____

Semester/Year Request is for: _____

Phone: _____

Email: _____

Name of Animal: _____

Animal Type/Breed: _____

Age of Animal: _____

Length of Ownership: _____

LIMITATIONS

1. SAS typically determines eligibility for ONLY ONE ANIMAL as an ESA. Do not request bonded pair ESAs.
2. ESAs must be housebroken and be under the student's control. Disruptive or harmful behavior could result in the removal of the animal.
3. Depending on the size of the animal, SAS may require the student to crate or cage the ESA whenever the student leaves their residence. This is to ensure the safety of the animal if UVM staff, such as maintenance workers or housing staff, must enter the residence in the student's absence.
4. Space in campus residences is limited. Despite eligibility, UVM reserves the right to disallow a specific animal due to the animal's size.
5. UVM is not responsible for the animal while on campus, including any injury that may occur to or be caused by the animal.
6. While a student may be determined eligible for an ESA, the identified animal must also be determined eligible through SAS's interactive process. Animals who may may be more likely to cause a threat to health, be disruptive, or escape from the student's residence may be determined ineligible where appropriate controls would not mitigate these possibilities. Examples include ferrets due to strong natural order, poisonous or constrictor snakes, and some small rodents and reptiles due to their ability to fit through small spaces and escape.
7. Rabbits, puppies, or kittens under six (6) months of age will not be eligible as an ESA in campus housing.
8. SAS requires veterinary certification for rabbit, feline, and canine ESAs to ensure safety.

I have read and understand the limitations above, and I consent to allow my health care provider to share any information relevant to my request for an ESA accommodation.

Student Signature: _____

Date: _____

Emotional Support Animal (ESA) Request: Supporting Documentation

TO BE COMPLETED BY THE STUDENT'S CURRENT MENTAL HEALTH CARE PROFESSIONAL

A licensed mental health care professional with a history of providing care to the student and who has recommended the proposed ESA as part of a therapeutic treatment plan should complete this form. This information will be used in conjunction with the student's self-report and SAS staff members' structured interview to determine reasonable accommodations on an individual basis.

Recommendations on this form do not automatically bind Student Accessibility Services (SAS) to determine the student eligible for specific accommodations. A provider's recommendations are taken into consideration as part of a full review that includes a multitude of factors.

Student's Name: _____

Date of Birth: _____

Documentation Questions

1. Does the student have a disability? Federal law defines a person with a disability as someone with a physical or mental impairment that substantially limits one of more major life activities, despite diagnosis.

☐ **Yes** ☐ **No**

Date of initial visit with the student regarding this disability: _____

Date of most recent interaction with student regarding this disability: _____

Frequency or number of contacts with the student since the initial visit: _____

2. List the specific limitations caused by disability. Describe how this substantially limits one or more major life activities for this student.

3.Describe the severity, frequency and duration of the symptoms/functional limitations.

4. Does the student require an ESA to alleviate one or more symptoms of the disability, and not merely as a pet?

☐ **Yes** ☐ **No**

5. Explain how the animal mitigates the student's symptoms and is necessary for the student to use and enjoy campus housing.

6. Did you prescribe the proposed ESA as part of a treatment plan for the student? Or, is it a pet that you believe will have a beneficial therapeutic effect for the student while in residence at UVM?

7. If possible, describe the efficacy of an ESA providing therapeutic benefits to this student in the past.

8. Describe the importance of having an ESA in residential housing for the student's wellbeing.

9. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and living in campus housing?

◯ **Yes** ◯ **No**

10. Do you believe those responsibilities may exacerbate the student's symptoms in any way? Please describe.

Health Care Professional Credentials

Your name and credentials: _____

License number and state: _____

Associated organization: _____

Address: _____

Phone number: _____

Signature: _____

Date: _____

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Veterinarian Certification for Emotional Support Animal (ESA)

**TO BE COMPLETED BY A VETERINARIAN **

Submit either current Veterinarian Certification which confirms 1) immunizations are current, 2) rabies vaccine is current, 3) animal is spayed or neutered and 4) animal is at least 6 months old.

Student Name: _____

Name of ESA: _____

Age of ESA: _____

I confirm that this animal is up to date with immunizations: ◯ **Yes** ◯ **No**

I confirm this animal is up to date with its rabies vaccination: ◯ **Yes** ◯ **No**

The most recent rabies vaccination date: _____

The animal is due for its next rabies vaccination: _____

I confirm this animal is spayed or neutered: ◯ **Yes** ◯ **No**

Veterinarian Name: _____

Type of License: _____

Licensure State: _____

License Number: _____

Address: _____

Phone number: _____

Signature: _____

Date: _____

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Emergency Contacts for Emotional Support Animals in Campus Housing

TO BE COMPLETED BY THE STUDENT

If you have an ESA in campus housing, you must have designated emergency contacts who will be responsible for assuming care for the animal if you become unable to do so.

Student Name: _____

Primary Emergency Contact

Contact Name: _____

Relationship: _____

Phone: _____

Email Address: _____

Physical Address: _____

_____

Secondary Emergency Contact

Contact Name: _____

Relationship: _____

Phone: _____

Email Address: _____

Physical Address: _____

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