Request for Emotional Support Animal (ESA) in Campus Housing

This form was created in accordance with guidance from the U.S. Department of Housing and Urban Development (HUD) to facilitate an individualized review of a student’s request for permission to have an emotional support animal (ESA) residing with them in an on-campus residence hall.¹ Health care providers may instead utilize their own letter or form, but all the information requested herein is typically necessary to establish the disability-related need for an ESA and the reliability of the documentation. This form should be completed by the physician, psychiatrist, social worker, or other licensed mental health professional who has suggested that having an ESA in the residence hall will have a therapeutic benefit alleviating one or more of the identified symptoms or effects of the student’s mental health disability. Generally, reliable documentation would be provided by a licensed healthcare professional who has personal knowledge of the student, as it relates to diagnosis, care, and treatment, consistent with their professional obligations.

As noted by HUD, documentation purchased through websites that sell ESA letters is typically not reliable for determining whether an individual has a disability or disability-related need for an assistance animal, because the health care providers lack necessary personal knowledge to make such determinations. These websites typically obtain information from the individual purchasing documentation via an online questionnaire or brief interview, which likely does not meet the standard of personal knowledge needed to reliably establish the presence of a disability and disability-related need for an ESA.²

The information submitted to SAS should reflect the most currently available information. All documentation will be held strictly confidential as a student record.

Once a student is determined eligible, students with feline or canine ESAs, will be required to submit Vet Certification for approval to Res Life. Vet Certification must confirm: (1) Immunizations are current, (2) rabies vaccination is current and, (3) animal has been spayed or neutered.

All students will need to submit an Emergency Contact (name and contact information of a person responsible for the animal should the student be unable to take care of the animal).

Permission to release information to the University of Vermont

Student Information (This section to be completed by the student):

Name: (please print) _________________________ Date: _________________________________

UVM Student #: 95 __________________________ Semester/Year Request is for: ____________________

Phone: ______________________________ Email: ________________________________________

Name of Animal, Type/Breed of Animal, Age of Animal, Length of Ownership:

___________________________________________________________________________________

Limitations

1. Students approved for an ESA are generally only permitted one animal in on-campus residence, regardless of the size of the animal. Please do not request bonded pair ESA’s.

2. Animals must be sufficiently trained, housebroken, and under control of the handler. Failure to control the animal’s behavior could result in the removal of the animal.

3. Depending on the size and type of animal, SAS may require that the animal be caged or crated whenever the owner leaves the 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 owner’s absence.

4. Space in on-campus residences is limited. While a student may receive approval from SAS to have an ESA in general, the office 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 receive generalized approval for an ESA, the actual animal must also be approved as part of the interactive process. Students should be aware that animals who, by their nature, are likely to cause a threat to health, disruption, or escape from the owner’s residence may be denied where appropriate controls will not mitigate these possibilities. Examples include ferrets due to a strong natural odor, poisonous or constrictor snakes, and some small rodents and reptiles due to their ability to fit through small spaces and escape.

7. Puppies or kittens under six months of age will not generally be approved as ESA’s.

8. For feline and canine ESA’s, student will be required to submit Vet Certification for approval. Vet Certification must confirm: (1) Immunizations are current, (2) rabies vaccination is current and, (3) animal has been spayed or neutered.

Student (please sign this form before providing it to your mental health provider to complete):

By signing below, I consent to allowing my health care provider to share any information relevant to my need for an ESA as an accommodation.

_____________________________________________ __________________________
Signature Date
***TO BE COMPLETED BY A CERTIFIED PROFESSIONAL***

VERIFICATION OF DISABILITY-RELATED NEED FOR ESA ACCOMMODATION to be completed by the current diagnosing professional (please type or print legibly):

Information about the Student’s Disability

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

   Yes   No

2. Please identify the specific limitation(s) caused by the disability and how this substantially limits one or more major life activities for this student.

   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

3. In your profession opinion, please describe how severe the symptoms/functional limitations are as well as the frequency/duration of the symptoms.

   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

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

   Yes   No
5. Please explain how the animal is necessary for the student to use and enjoy campus housing. How will the student’s symptoms be impacted by having the ESA?

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

6. When did you first meet with the student regarding this disability? ________________

7. When did you last interact with the student regarding this disability? ________________

8. How many times have you met with the student regarding this mental health disability? __________

9. Is the animal named here one that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence on campus?

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

10. Is there evidence that an ESA has helped this student in the past or currently?

___________________________________________________________________________________________
___________________________________________________________________________________________

Importance of the ESA to the Student’s Well-Being

11. In your professional opinion, how important is it for the student’s well-being that an ESA be in residence on campus? __________________________

___________________________________________________________________________________________
___________________________________________________________________________________________

12. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? __________________________
13. Do you believe those responsibilities might exacerbate the student’s symptoms in any way?

Thank you for taking the time to complete this form. If we need additional information, we may contact you. The named student has signed this form (below) indicating written permission to share additional information with us in support of the request.

By signing this form, the healthcare professional certifies that they are an appropriately licensed professional trained in psychiatric, psychological, or neuropsychological assessment. They further affirm that all information provided is in accordance with professional and ethical standards set forth by their licensing entity.

Provider Information

Provider Name (Print): ____________________________________________________________

Provider Signature: _____________________________________________________________

Type of License: ______________________ Licensure State: __________________________

License #: _________________________________________________________________

Address: _________________________________________________________________

Phone: __________________________ Fax: _______________________________________

This document may not be released without written permission from the student or by order of a court. It will be destroyed seven years after the student is no longer enrolled at the University.

This form should be returned to Student Accessibility Services via mail, email or fax.

Student Accessibility Services
Center for Academic Success
633 Main Street A170 Living/Learning Building
The University of Vermont
Burlington, VT 05405-0365
Phone: (802) 656-7753
Fax: (802) 656-0739
Email: access@uvm.edu
Office Hours: Monday through Friday from 8:00 A.M. to 4:30 P.M

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