



## CENTER FOR ACADEMIC SUCCESS STUDENT ACCESSIBILITY SERVICES

### Request for 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 help with an individualized review of a student's request for permission to have an emotional support animal (ESA) living with them in an on-campus residence hall.<sup>1</sup> Health care providers may instead use their own letter or form, but all the information requested 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 doctor, 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 with 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 buying documentation via an online questionnaire or brief interview, which likely does not meet the standard of personal knowledge needed to reliably establish a disability and disability-related need for an ESA.<sup>2</sup>**

The information submitted to SAS must:

- ✓ Reflect the most available information. All documentation will be held strictly confidential as a student record.
- ✓ Submit Vet Certification (feline or canine ESAs) for approval to Res Life.
  - Certification must confirm: (1) Immunizations are current, (2) rabies vaccination is current and, (3) the animal has been spayed or neutered.
  - Submit an Emergency Contact(s) (name and contact information of a person responsible for the animal should the student cannot take care of the animal).

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<sup>1</sup> <https://www.hud.gov/sites/dfiles/PA/documents/HUDAsstAnimalNC1-28-2020.pdf>

<sup>2</sup> [https://www.hud.gov/sites/dfiles/Main/documents/11\\_06\\_2019\\_Letter.pdf](https://www.hud.gov/sites/dfiles/Main/documents/11_06_2019_Letter.pdf)

## 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 **permitted only one animal** in on-campus residence, despite 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 home. This is to ensure the safety of the animal if UVM staff such as maintenance workers or housing staff must enter the home in the owner's absence.
4. Space in on-campus homes is limited. While a student may receive approval from SAS to have an ESA, 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 know animals who are likely to cause a threat to health, disruption, or escape from the owner's home 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 be approved as ESA's.
8. For feline and canine ESA's, student must 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



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**\*\*\*\*\*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 with a physical or mental impairment that substantially limits one or more major life activities, despite 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.

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

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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 affected by having the ESA?

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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? \_\_\_\_\_

**Information about the Proposed ESA**

9. Is the animal named here one 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?

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

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**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? \_\_\_\_\_

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

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13. Do you believe those responsibilities might exacerbate the student's symptoms in any way?

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*Thank you for taking the time to complete this form. If we need more information, we may contact you. The named student has signed this form (below) indicating written permission to share more 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 under 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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### **Veterinarian Certification for Felines/Canine Emotional Support Animals**

Either attach current Vet Certification (for felines/canines) which confirms the information below, or have your veterinarian fill this out:

1. Immunizations are current.
2. Rabies vaccine is current.
3. Animal is spayed or neutered.

Student Name: \_\_\_\_\_

Name of ESA: \_\_\_\_\_

Age of ESA: \_\_\_\_\_

1. I confirm this animal is up to date with immunizations. YES \_\_\_\_\_ NO \_\_\_\_\_
2. I confirm this animal is up to date for its rabies vaccine. YES \_\_\_\_\_ NO \_\_\_\_\_
  - a. Last vaccine: Date: \_\_\_\_\_
  - b. Next vaccine due: Date: \_\_\_\_\_
3. I confirm this animal is spayed or neutered. YES \_\_\_\_\_ NO \_\_\_\_\_

#### **Veterinarian Information**

Provider Name (Print): \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Type of License: \_\_\_\_\_ Licensure State: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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If you cannot care for your ESA, please indicate below the person(s) who can be contacted to care for your animal.

Primary Emergency Contact

- Name: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_
- E-Mail: \_\_\_\_\_

2nd Primary Emergency Contact

- Name: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_
- E-Mail: \_\_\_\_\_

Last updated: 8/29/2023  
4/24/2023  
3/22/2021