



Request for Emotional Support Animal (ESA) in Campus Housing

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

Permission to release information to the University of Vermont

Name: (please print) _____ Date: _____

Signed: _____ UVM Student #: 95_____

Phone/Email: _____

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

All requests for ESAs must include completion of this form AND documentation submitted for Psychological/Psychiatric Disabilities found at: <https://bit.ly/2DZGIFa>.

Until SAS receives both documents, and the student meets with an Accessibility Specialist in SAS, we will be unable to fully evaluate any ESA request.

Limitations

1. Students approved for an ESA are only permitted one animal in on-campus residence, regardless of the size of the animal.
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 and must be spayed or neutered if approval is granted

This form must be completed by a licensed clinical professional or health care provider familiar with the history and functional limitations of the student. (The provider completing this form cannot be a relative of the student.) If this space is not adequate, please attach additional paper or a diagnostic report providing supplementary information.

The above-named student indicated that you are the licensed professional who has suggested that having an Emotional Support Animal (ESA) in campus housing will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. So that we may better evaluate the request for this accommodation, please complete this form.

Certifying Professional, (please print):

Name: _____ Credentials: _____

Address: City: _____ State: _____ Zip Code: _____

License/Certification number and state of licensure: _____

How long have you treated or counseled student? _____

Date of initial contact with student? _____

Date of last office visit with student: _____

1. Disability is a physical, mental, cognitive, or developmental condition that impairs, interferes with, or limits a person's ability to engage in certain tasks or actions or participate in typical daily activities and interactions. Does this student have a disability under this definition? ___YES ___NO

Specific disability/disorder (DSM-V), including when student was first diagnosed, severity and current

Symptoms: _____

2. Identify the specific limitations/impairment caused by the disability and how this substantially limits one or more major life activities for this student: _____

3. Is the animal listed above that you specifically prescribed as part of treatment for the student or an animal that you believe will have a beneficial effect for the student while in residence on campus?

4. Please explain how the animal is necessary for the student to use and enjoy campus housing. How will the students symptoms be impacted by having the ESA?

5. Is there evidence that the animal listed above, or another ESA, has helped this student in the past or currently?

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

7. Please identify any other accommodations that may be equally effective in allowing the student to use and enjoy on campus housing:

Signature of Certifying Professional

Date

Email Address

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.

Please Return Form to:

Student Accessibility Services

Center for Academic Success

A170 Living/Learning Building

633 Main Street

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