



EMOTIONAL SUPPORT ANIMAL

Treating Physician/Clinician Request for Information

Student Name: _____

Type of Animal (ex: cat, dog, rabbit, etc.) _____

The above-named student has requested that they be allowed to have an Emotional Support Animal (“ESA”) in their residence hall on Tuskegee University’s campus as an accommodation, because it would be helpful in alleviating one or more of the identified symptoms or effects of a disability. The student has indicated that you are their health care provider. So that we may better evaluate the request for this accommodation, please provide detailed answers to the following questions (please use a separate piece of paper for your responses as necessary).

Information Regarding the Health Care Provider

1. Please describe your qualifications for providing the information requested on this form.

____Physician ____Psychiatrist ____Mental Health Professional

2. Please describe the nature of your professional practice.

3. Please provide the physical address of the office where you see patients.

4. Please indicate when you first started seeing the above-named student for the impairment described on this form.

Information Regarding the Student’s Disability (A person with a disability is defined as someone who has “a physical or mental impairment that substantially limits one or more major life activities.”)

1. What is the student’s medical condition/diagnosis, and date of onset?

1. What is the student's medical condition/diagnosis, and date of onset? Continued

2. What is the severity of the condition?

3. How long is this condition likely to persist?

4. Describe the symptoms related to the student's condition, if any, that cause significant impairment in one or more major life activities and which would support the student's request to have an ESA in their residence on campus?

Information About the Proposed ESA

1. Is this an animal that you specifically prescribed as part of treatment plan for the student, and if so, why?

2. Do you believe the ESA will have a beneficial effect for the student while in residence on campus, and if so, why and how?

3. What symptoms will be reduced or affected by the student's having the ESA in their residence hall?

4. Is there evidence that an ESA has helped this student in the past or currently? If yes, please describe.

Importance of ESA to Student's Well-Being

1. In your opinion, how important is the ESA to the student's general well-being. Please circle applicable statement.

1 = not important 2= Somewhat Important 3=No significant importance/unimportance

4= Important 5=critically important _____

2. Please explain the rationale for your response to the previous question:

3. In your opinion, terms of impairment-related symptomology, would result if the requested accommodation is not approved by the University?

4. Have you discussed with your patient/client the responsibilities associated with properly caring for an animal while engaged in typical University activities and residing in campus housing? ___Yes ___No

5. Do you believe those responsibilities might exacerbate the student's symptoms in any way? (If you have not had this conversation with the student, we will discuss with the student at a later date).

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. We recognize that having an ESA in the residence hall can be a real benefit for someone with a significant impairment, though the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community.

Please provide contact information, sign and date this questionnaire (below), and return it to:

Steven B. McCrary
Director ADA Compliance
Tuskegee University
Tompkins Hall Rm. 404
Office: 334-727-8186 – Fax: 334-724-4949
Mobile: 615-604-1225
Email: smccrary@tuskegee.edu

Your Name (print) _____

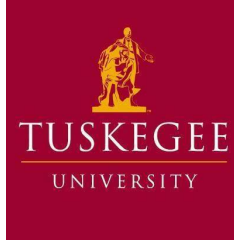
Address: _____

Telephone: _____

FAX _____ Email address: _____

Your Signature: _____ Date: _____

License # and State: _____



Animal Application & Registration Form

Name of Owner: _____ Student ID: _____

Email: _____ Cell: _____

Permanent Address: _____

Description of Animal

(Please attach a picture of the animal to this form)

Name of Animal: _____ Age: _____

Type of Animal/Breed: _____ Color: _____

License #: _____ License County/State: _____

Has the animal ever bitten or shown aggression towards people? If yes, when? Please describe the incident:

Local Emergency Caregiver Information In the event of an emergency or if you are not able to adequately care for your animal, you must provide the information of a person who will take responsibility for your animal. This may not be a current student who lives on campus. The University may confirm this information.

Name: _____ Cell: _____

Address: _____

I have read the Tuskegee University Conditions for Animals and I understand that failure to comply with these guidelines may result in the revocation of any approval.

Signature

Date



Animal Application & Registration Form Assumption of Liability

I assume all responsibility for supervising the animal that I have registered with Tuskegee University. Additionally, I assume any and all liability for all actions of said animal.

I agree I shall, at my own expense, indemnify, defend and hold Tuskegee University, its directors, trustees, administrators, employees, students, agents, affiliates, designees and assignees harmless from and against any and all suits, causes of action, proceedings, loss, damage, liability or expense, including defense costs and legal fees, and claims of any nature, including but not limited to, damage to property and personal injuries arising out of or resulting from my animal's presence on Tuskegee University property.

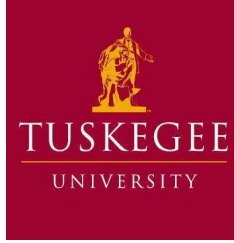
Neither the Residence Life & Housing Office nor Tuskegee University is responsible for supervising the registered animal, nor do they assume liability for the actions of the animal. I agree and understand that Tuskegee University is not responsible nor liable if the animal is lost, stolen or injured.

I am providing an alternate/emergency caregiver for the animal should I be unavailable to address concerns regarding the animal.

Name: _____ Cell: _____

Address: _____

Signature _____ Date _____



Veterinarian Verification Form

(Must be completed by the Veterinarian)

Veterinarian's Name: _____ Clinic Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Description of Animal

Owner Name: _____

Animal Name: _____

Type of Animal/Breed: _____ Spayed/Neutered: _____ Yes _____ No

Please describe any behavioral issues observed: _____

Please include any other information the University should know about this animal:

Vaccinations- Please Check All That Apply

_____ Canine _____ Bordetella _____ Rabies
_____ DHLPP + C (Distemper, Hepatitis, Leptospirosis, Parvovirus, Parainfluenza, Corona)
_____ Other Vaccinations: _____

_____ Feline _____ FVRCP (Panleukopenia, Rhinotracheitis, Calicivirus, Chlamydia)
_____ FeLV (Feline Leukemia) _____ Bordetella _____ Rabies
_____ Other Vaccinations _____

By signing below, you are verifying the following:

1. The above animal has all current vaccinations as required.
2. All the above vaccinations will remain current through one year
3. The above animal has been given a stool sample test for internal parasites
4. The animal above is in general good health

Veterinarian Name: _____ Cell: _____

Address: _____

Veterinarian Signature _____ Date _____