

UAMS Academic Affairs Policy - 2.2.7a



UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

Request for Service Animal or an Emotional Support Animal in Campus Housing

Date of Request: _____

Student Name: _____

Student ID #: _____

Type of Request _____ SA _____ ESA

For Service Animals Only:

Is the animal needed because of a disability? _____

What tasks is the animal trained to perform? _____

Dog's Name, Age, Breed _____

For Emotional Support Animals Only:

Please indicate the nature of your disability. _____

What symptoms are reduced by having the ESA? _____

Current documentation (\leq six months old) from a qualified evaluator/treatment professional familiar with your history, diagnosis, and its impact upon your activities of daily living must be submitted in order to consider your request.

Proposed ESA: _____
(name), (type of animal/breed), (age of animal)

I certify that the above information is true and accurate to the best of my knowledge.

Student Signature: _____ Date: _____

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This Emotional Support Animal Documentation Form should:

- Be completed by a qualified professional per Act 268 of 2023.
- Be completed as clearly and thoroughly as possible. Incomplete responses and illegible handwriting will require additional follow up that may delay the review process.
- Be supplemented with any evaluative reports that may provide a more complete understanding of the student. Evaluative reports may include diagnostic reports such as psycho- educational or neuropsychological reports. Please do not provide case notes or rating scales without a narrative that explains the results.
- Be submitted to the Office of Disability Services.

All documentation will be held strictly confidential as a student record. This form may be released at the student's request.

Submit Information to:

Office of Disability Services

Academic Affairs Administration / Student Services Division

4301 W. Markham St. #586

ED II / 2-109

Little Rock, AR 72205-7199

Office: 501-526-5641

DisabilityServices@uams.edu

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Emotional Support Animal Documentation Form

Date: _____

Patient Name: _____

Date of Birth: _____

1. First and Last date of treatment with this individual: ____ to ____

2. DSM-V Diagnosis _____

a. Severity

i. ____ Mild

ii. ____ Moderate

iii. ____ Severe

b. How did you arrive at your diagnosis? Please check all that apply:

i. ____ Behavioral Observations

ii. ____ Developmental History

iii. ____ Educational History

iv. ____ Medical History

v. ____ Clinical Interview (Structured or Unstructured)

vi. ____ Interviews with others

vii. ____ Rating Scales

viii. ____ Other – Please Specify _____

3. What functional limitations are present as a result of this individual's disability? How do the limitations impact the individual's ability to perform major life activities?

4. What symptoms will be reduced by having the emotional support animal live with the student? Why is it necessary for the student's wellbeing that the emotional support animal live with her/him on campus?

5. What evidence is there that an emotional support animal has helped this student in the past or currently?

6. What consequences, in terms of disability symptomology, may result if this accommodation is not approved?

7. What type of animal is being requested to be used as the Emotional Support Animal?

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Healthcare Provider Information

Provider name (Print): _____

Provider Signature: _____

License or Certification Number: _____

Effective Date: _____

Jurisdiction: _____

Type of Professional License: _____

Address: _____

Phone: _____

Fax: _____

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Return this form and all supporting documentation to:

Office of Disability Services
Academic Affairs Administration / Student Services Division
4301 W. Markham St. #586
ED II / 2-109
Little Rock, AR 72205-7199
Office: 501-526-5641
Fax: 501-686-6745
DisabilityServices@uams.edu

SA / ESA Move-In Acknowledgement Form

I have reviewed and been provided with a copy of the UAMS **Service and Emotional Support Animals in Campus Housing** policy.

I understand that I am required to abide by all provisions of this policy and failure to do so may require that I remove the animal from campus housing.

I have provided a current copy of the animal's vaccination records to the ADA Coordinator/designee. I agree to keep the animal's immunizations up to date and provide a copy of the records to the ADA Coordinator/designee annually.

I understand that it is my responsibility to notify the ADA Coordinator/designee and Director, Campus Housing if I no longer have a need for the animal in my residence.

Signature of Handler

Date

ADA Coordinator/Designee

Date

Director, Campus Housing/Designee

Date