

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 (<u>Dnly:</u>			
Dog's Name, Age, Bre	ed			
For Emotional Suppor Please indicate the nat What symptoms are re	ure of your disability.	SA?		
	gnosis, and its impact u	-	ator/treatment professional of daily living must be sub	
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.

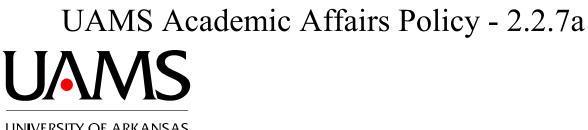
Student Signature: _____ Date: _____

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



UNIVERSITY OF ARKANSAS

Emotional Support Animal Documentation Form

Date:	
Patient Name:	
Date of Birth:	
1. First and Last date of	of treatment with this individual: to
2. DSM-V Diagnosis	
a. Severity	
i	Mild
ii	Moderate
iii	Severe
b. How did you	u 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?

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

Healthcare Provider Information

Provider Signature:	
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License or Certification Number:

Effective Date:

Jurisdiction:

Type of Professional License:

Address:		

Phone: _____

Fax: _____

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