

CONFERENCE HOUSING ACCOMMODATION REQUEST: EMOTIONAL SUPPORT ANIMAL

Under no circumstances may an animal be in residence unless or until the request is approved in writing by Student Housing. All questions must be addressed thoroughly in a point-by-point enumerated response. Incomplete applications will not be reviewed.

ESAs are generally domesticated animals such as dogs and cats; requests are typically considered for one animal per residence.

Date of Request:

Conference Name:

Name of Campus Contact:

Contact's Email Address:

Contact's Phone Number:

Name of Participant:

Email Address:

Phone Number:

Animal Information:

Animal's Name:

Age:

Sex: Female Male

Breed:

Coat Length:

Weight:

Size of Animal / Nose to Tail Length:

Physical Description of Animal:

Please include the following:

- Copy of Veterinarian's Verification that vaccinations are up to date (for cats); or, Copy of Yolo County Animal License (for dogs)
- Current photograph of animal
- Medical documentation (see next page)

Regarding medical documentation:

Student Housing & Dining Services requires current and complete documentation from the resident's diagnosing, treating clinician. Documentation must describe how the disability limits one or more major life activities and to what extent this is experienced in housing and dining settings. Letters should contain **all** of the following information:

1. Resident's name and Student ID number
2. Name, Credentials, License Number, Address, and Signature of qualified diagnosing clinician
Qualified diagnosing professionals are non-familial clinicians that may include: licensed physicians, psychologists, or other appropriate clinicians/specialists that have expertise in the diagnosis of your current condition, and follow established practices in the medical field. For ESA dogs, your diagnosing clinician must have had an established client-provider relationship with you for at least 30 days prior to providing documentation, per California law.
3. Statement by the clinician that a disability is present
4. Detailed description of current functional limitations
5. Statement regarding clinician's history treating the resident
6. Statement regarding clinician's recommendations to address the resident's disability-related needs
7. An explanation of how the clinician came to the conclusion that a support animal is necessary, and verification that the resident can responsibly care for the animal

The following are **not** considered acceptable sources of medical documentation if submitted alone: handwritten patient records; medical chart notes; diagnosis or medication written on prescription notepad; correspondence from healthcare providers not directly addressed to UC Davis.

Because disabilities and medical conditions can change over time, documentation should be current, specific, and written within a reasonable timeframe relative to the disability.

Residents may provide the attached form to their treating clinician as a means of obtaining appropriate medical documentation. Additional documentation, such as test results and/or letters written by the treating clinician(s), may also be submitted to support a request for accommodation. Please note that incomplete information may slow or delay the accommodation approval process. The University reserves the right to request supplemental information in order to verify a resident's current functional limitations.



Student Housing and Dining Services

SUPPORTING MEDICAL DOCUMENTATION FOR ACCOMMODATION REQUEST

To be filled out by resident/participant:	
Patient's Legal Name	Date of Birth
UC Davis Conference Name	
Name, Type, and Breed of Requested Support Animal	
<p><i>I am requesting for information regarding my disability to support my request for medical accommodations from Student Housing & Dining Services at the University of California, Davis. The University requires current and comprehensive documentation of my disability from a qualified diagnosing professional as part of the process to determine my eligibility for reasonable and appropriate accommodations, based on functional limitations resulting from my condition. "Qualified diagnosing professionals" include licensed clinicians whose scope of training and experience include diagnosis and treatment of adults.</i></p> <p><i>By signing this release, I declare that I have been diagnosed with disability and that I am currently experiencing limitations related to my disability. I authorize the University to contact my clinician if clarification is needed.</i></p>	
Patient's Signature (18 or older)	Date
Legal Guardian's Signature (under 18)	Date

To be filled out by diagnosing professional:

The above-named patient is a student at the University of California, Davis. They indicated that you are the medical practitioner who suggested that having an Emotional Support Animal (ESA) would be helpful in alleviating the identified symptom(s) or effect(s) of their disability. We recognize that having an ESA in University housing can be a real benefit for someone who has a physical or mental impairment that substantially limits a life activity; the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request on both the student and the campus community.

Please respond to the following questions as soon as possible and return directly to the University by email, to SpecialAccom@ad3.ucdavis.edu . If you would like to fax the documentation, please contact us via email or telephone (530-752-2033) for fax arrangements.

Does the above named patient have a disability? _____

Clinical description/functional limitations imposed by the patient's disability: _____

How long have you been working with this patient regarding the diagnosis of this disability?: _____

Is this an animal that you specifically prescribed as part of treatment for this patient? _____

What functional limitations will be reduced by having this animal? _____

In your opinion, will the patient be able to engage without substantial limitation in major life activities as a student living at UC Davis without an ESA? If no, describe how the patient's engagement in student life activities would be substantially limited. _____

In your opinion, what alternate accommodations can be made for this patient's disability without the use of an ESA? _____

There are responsibilities associated with properly caring for an ESA while engaging in typical college activities and residing in campus housing. Do you believe those responsibilities may exacerbate the patient's symptoms in any way? Please describe. _____

Any additional information that would be helpful in evaluating the patient's request for medical accommodations: _____

Contact Information:

Name	_____	License #	_____
Address	_____	Telephone	_____
	_____	Fax / Email	_____
Signature	_____	Date	_____

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later time. Please provide your contact information, sign and date this questionnaire, and return it to:

University of California Davis, Student Housing & Dining Services – Special Accommodations
Private Accommodations Email Inbox: SpecialAccom@ad3.ucdavis.edu