

### **Procedure for Requesting an Emotional Support Animal in Student Housing**

All information sent with this Request is kept confidential. Under no circumstances may an animal be in residence unless or until the request is approved in writing by the Director of Access Services. All questions must be addressed thoroughly in a point by point enumerated response. Incomplete applications will not be reviewed.

The Request should include:

- An Emotional Support Animal Request Form that includes information about the student and the animal.
- The Health Care Provider Statement for an Emotional Support Animal Form. This form is to be completed by the current diagnosing professional (physician and/or licensed psychologist, psychiatrist, social worker, or neurologist). The provider should not be related to the student. The form includes a Consent for Release of Information, which must be completed by the student first.
- A signed Information Release Form allowing a university representative to correspond with the diagnosing clinician about the documentation accompanying the Request. This is optional; however, the failure to provide it may result in the request being denied if the documentation provided by the diagnosing professional is not sufficient.

Submit the Request, including the information above, in person, by fax, scan & email, or by mail to:

Saint Mary's University of Minnesota  
Office of Access Services  
Attn: Emotional Support Animal Request  
700 Terrace Heights #44  
Winona, MN 55987  
Telephone: 507-457-1465      Fax: 507-457-6660  
[khemker@smumn.edu](mailto:khemker@smumn.edu)

**EMOTIONAL SUPPORT ANIMAL REQUEST FORM**

Student Information

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Student ID: \_\_\_\_\_

Animal Information

Animal's Name: \_\_\_\_\_

Type of Animal: \_\_\_\_\_ Animal's Age \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female

Physical Description of Animal (breed, color, size, weight, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alternate Caregiver for Animal If Owner is Unavailable:

Name: \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please include the following:

- Copy of Veterinarian's Verification that all shots/vaccinations are up to date
- Copy of Dog License (if applicable)
- Current photograph of animal

I understand the following:

- I am not permitted to have my emotional support animal in university housing until I have been granted approval by Access Services.
- Access Services requires a 60-day notice period in order to do its due diligence in gathering and verifying the submitted documentation.
- If I am submitting this form and the accompanying documentation after being placed in housing, once approved I may have to wait until the following semester to bring my emotional support animal onto campus.

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Student's Signature

Date

**Instructions for the Healthcare Provider Statement for an Emotional Support Animal**

**Instructions for Students:**

Please complete the Consent for Release of Information below and deliver this form to your diagnosing professional (physician and/or licensed psychologist, psychiatrist, social worker, or neurologist). The person completing this form cannot be related to the student.

**Consent for Release of Information (to be completed by student):**

I authorize \_\_\_\_\_ (healthcare provider's name) to disclose the information requested on this form to Saint Mary's University for the purpose of evaluating my request for an emotional support animal. I authorize both parties to discuss information, as needed, related to my request.

\*This release is effective for 1 year from the date signed.

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions for Healthcare Provider Completing this Form:**

The student named above has requested an emotional support animal at Saint Mary's University of Minnesota.

An **emotional support animal** is a companion animal that provides therapeutic benefits, such as emotional support and comfort, to an individual with a disability upon the recommendation of a healthcare or mental health professional. An emotional support animal does not assist a person with a disability with activities of daily living but rather its role is to live with a student and alleviate or mitigate some symptoms of an individual's disability so as to provide equal opportunities to use and enjoy residential life at the university.

Saint Mary's University provides reasonable accommodations to students with documented disabilities. In order to effectively evaluate the student's request, the University requests documentation from an appropriately qualified provider.

Please answer each question on the form thoroughly, as this information will be used in determining how to most appropriately address the student's request for an emotional support animal.

Please feel free to contact us with any questions you may have: 507- 457-1640.

Completed forms can be returned with the student or faxed to:

Saint Mary's University of Minnesota  
Fax: 507-457-6660

**HEALTHCARE PROVIDER STATEMENT**  
**for an Emotional Support Animal**

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**Major Life Function/Disability Information**

Accommodations are available to students identified as having a disability or severe medical condition. A disability is defined under the Americans with Disabilities Act as **“a physical or mental impairment that substantially limits one or more major life activities.”**

Based on the above definition, does this individual have a disability? **YES NO**

Please check with major life activities listed below are affected because of the psychological disability. Please indicate the level of limitation.

| <b>Life Activity</b>              | <b>No impact</b>         | <b>Moderate impact</b>   | <b>Substantial impact</b> | <b>Don't know</b>        |
|-----------------------------------|--------------------------|--------------------------|---------------------------|--------------------------|
| Concentrating                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Memory                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Sleeping                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Eating                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Social Interactions               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Self-care                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Managing internal distractions    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Managing external distractions    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Timely submission of assignments  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Attending class regularly on time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Making and keeping appointments   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Stress management                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Organization                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |

**Medical History**

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

(If applicable, attach a copy of evaluation results, criteria for diagnosis)

When was this condition diagnosed? \_\_\_\_\_

How long has the student been under your care? \_\_\_\_\_

Date of your most recent office visit related to this condition? \_\_\_\_\_

Does the student take prescription medication for this condition?                    **YES**                    **NO**

If yes, please specify medications, doses and frequency:

Does the student utilize other treatments or interventions for this condition?                    **YES**                    **NO**

If yes, please describe:

The prognosis for the medical condition or disability above is:

Permanent \_\_\_\_\_    6-12 months \_\_\_\_\_    6 months or less \_\_\_\_\_    Episodic (please describe below) \_\_\_\_\_

**Additional Information**

How would this accommodation for an emotional support animal impact the students functioning?

What would be the impact if this emotional support animal accommodation cannot be met?

**Please Initial One of the Following:**

\_\_\_\_\_ I believe this request for an emotional support animal is medically necessary. I believe that without it one or more major life activities would be substantially limited.

\_\_\_\_\_ I believe this request for an emotional support animal is a reasonable preference but not medically necessary. While it may be beneficial, it will not substantially limit major life activities if it is not granted.

\_\_\_\_\_ There is insufficient evidence to support the need for an emotional support animal at this time.

**Additional Comments:**

Healthcare Provider Name: \_\_\_\_\_

Please Print

Credential or Degree

Signature: \_\_\_\_\_

License # / State: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Medical Office Stamp:**

**Completed forms and supporting information can be returned with the student or faxed to:**

Saint Mary's University of Minnesota

Fax: 507-457-6660

Approved: Jan. 26, 2015

Revised: May 14, 2019